



Your Recovery Journey

Confidentiality agreement

I _____ agree that I will keep confidential the personal information of other group participants taking part in the program *Your Recovery Journey: Meaning, Management, and Medication*, which is to take place from _____. “Personal information” refers to information that may be used to determine the identity of another group member, such as the name of a group member, the name of other family members, home address, or phone number.

I also understand that once the group has been terminated I must continue to abide by this confidentiality agreement.

Confidentiality may be breached by the group facilitators under the following situations:

- If it is disclosed that a minor, which is defined as a child who is 16 years of age or younger, has been or is at risk of being physically, sexually, or emotionally injured by another individual;
- If it is disclosed that one of the group members intends to physically, sexually, or emotionally injure another individual; or
- If it is disclosed that a group member intends to inflict personal injury on himself or herself.

I have read and fully understand the information provided above about the risks of this group. I understand that if I breach this agreement I may be asked to leave the group. By signing this document, I agree to accept the risks listed in this form.

Signature of Group Member

Date

Signature of Group Facilitator

Date

Signature of Witness

Date