

Family Recovery Journey: Confidentiality Agreement

I _____ agree that I will keep confidential the personal information of other group participants taking part in the Family Recovery Journey program, which is to begin on _____ (date). Personal information refers to that information which 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, etc.

I also understand that once the group has ended I must continue to abide by this confidentiality agreement. Confidentiality may be breached by the group facilitator(s) 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 guidelines of this group. I understand that if this agreement is breached I may be asked to leave the group. By signing this document, I agree to accept the guidelines listed on this form.

Signature of group member

Date

Signature of group facilitator

Date

