

## Group Visit Confidentiality Agreement

You have the right to confidentiality and privacy by the group leaders and other group members. Confidentiality within the group setting is a shared responsibility of all members and leaders. While group leaders may not disclose any client communications or information except as provided by law, group members' communications are not protected. As such, confidentiality within the group setting is often based on mutual trust and respect.

Boulder Community Health adheres to professional, legal, and ethical guidelines of confidentiality established by professional organizations and state law. Legal and ethical exceptions to confidentiality include: a clear or present danger to harm yourself or another, knowledge of the abuse or neglect of a minor child or incapacitated adult, or responses to a court subpoena or as otherwise required by law.

As a member of this group, **I agree to not disclose to anyone outside the group any information that may help to identify another group member.** This includes, but is not limited to, names, physical descriptions, biological information, and specifics to the content of interactions with other group members.

By my signature below, I indicate that I have read carefully and understand the Group Agreement and that I agree to its terms and conditions. I have asked and had answered any questions I have concerning the Group Agreement and am aware that signing the Agreement is required for my admission to the group. I am also aware that my refusal to sign this Agreement will exclude me from participating in the group.

Patient Name (print) \_\_\_\_\_

Patient Signature \_\_\_\_\_

Date: \_\_\_\_\_

Group Leader (print) \_\_\_\_\_

Group Leader Signature \_\_\_\_\_

Date: \_\_\_\_\_