Men’s Group Therapy
Confidentiality Agreement

You have the right to confidentiality and privacy by me as the group facilitator and other group members. Confidentiality within the group setting is a shared responsibility of all members and myself as the facilitator. While I 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 based on mutual trust and respect.

I adhere to professional, legal, and ethical guidelines of confidentiality established by the professional organizations I am a member of and by the 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, a dependent adult or and elder, or in responses to a court subpoena or as otherwise required by law.

As a member of this group, you 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.

Additional group agreements:

• You agree to come each week, stay the entire session, and to be punctual. Group will start and end on time.
• You agree that if you are going to miss a session you will let the group facilitator and the group members know in a timely fashion.
• You understand that any form of physical contact is not permitted within the group setting.
• You agree that as long as you are a group member, you will not subgroup with other members outside of group time.
• You understand that non-alcoholic drinks are allowed, but food is not.
• You agree that all cell phones will be turned off during group time.
• You agree to participate in group sober and not under the influence of alcohol and controlled substances.
• You agree that when you decide that you have gained as much as possible from the group at this time, you will notify the group in advance of your intentions and come to group to say good-bye.

By your signature below, you indicate that you have read carefully and understand the Group Agreements and that you agree to its terms and conditions. You have asked and had answered any questions you have concerning this Group Agreement and are aware that signing the Agreement is required for your admission to the group.

_____________________________________   _____________________
Client Signature       Date

_____________________________________   _____________________
Group Facilitator Signature      Date