

# Your Personal Recovery Journey

## Confidentiality Agreement



I, \_\_\_\_\_, acknowledge and agree to the following:

### 1. Confidentiality:

I understand that everything shared in the group, including personal stories, names, and identifying information (such as address or phone number, etc.), is confidential. I will keep this information confidential and will not disclose any information about other participants to anyone outside of the group. I also understand that once the group has ended, I must continue to abide by this confidentiality agreement.

### 2. Respect and Trust:

I understand that maintaining confidentiality is essential for creating a safe and supportive environment within the group. By agreeing to this confidentiality agreement, I commit to respecting the privacy of others.

### 3. Exceptions:

I understand that there are exceptions to confidentiality, such as when there is a reasonable concern for safety or if legally required. The group facilitator can breach confidentiality under situations such as:

- 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.

### 4. Consequences of Breach:

I acknowledge that violating this confidentiality agreement may result in me being asked to leave the group.

### 5. Acknowledgement:

I have read and understand this confidentiality agreement and agree to abide by its terms.

**Participant**

**Facilitateur**

Signature

Signature

Date

Date