

M.O.M. Support Group Confidentiality Agreement

Name: _____

Address: _____

Address: _____

Phone: _____

E-mail: _____

During my membership in the Support Group I may learn personal and confidential information about individuals who participate or are involved with this Group.

Whether information is available to me through the Group or accidentally, I agree to maintain confidentiality and not reveal information that is not existing public information to any person in the Group or outside of the Group while a Member of the Group or at any time in the future when I may no longer be a Member of the Group.

I understand that breaking of this agreement could result in the termination of my membership with the Support Group.

I understand that any information pertaining to my health should be reviewed with my physician. Nothing provided herein should be construed as a substitute for professional advice or treatment by a health care professional.

Although good faith efforts have been taken to preserve participant confidentiality, no guarantees can be made in this regard nor to information communicated by and between participants in this forum.

Signature of Member: _____ Date: _____

Signature of Witness: _____ Date: _____