



CONFIDENTIALITY AGREEMENT FOR ANCHORED IN COMMUNITY PARTICIPANTS

Practice Name: _____

Facilitator(s): _____

Purpose

This agreement outlines the expectations and responsibilities regarding confidentiality for all participants in group therapy sessions facilitated by Anchored Support Services. Group therapy is a collaborative process that relies on mutual trust, respect, and privacy.

Confidentiality Expectations

1. Mutual Confidentiality:

All participants agree to keep confidential the identity of group members and any personal information shared during sessions. This includes:

- Names, stories, and identifying details.
- Discussions, emotions, and reactions expressed in group.
- Any written, visual, or digital materials shared.

2. No Recording or Sharing:

- Audio or video recording of sessions is strictly prohibited.
- Taking photos or screenshots (in virtual groups) is not allowed.
- Sharing group content on social media, via text, or in any public or private forum is not permitted.

3. Respectful Communication:

Participants agree to engage respectfully and avoid judgmental or harmful language. The group is a space for support and healing, not for socializing outside the therapeutic context.

4. Electronic Devices:

All devices must be silenced or turned off during in-person sessions. For virtual sessions, participants must ensure they are in a private, secure space.

Limits of Confidentiality

While confidentiality is a core value, there are legal and ethical exceptions:



- If a participant expresses intent to harm themselves or others
- If there is suspected abuse or neglect of a child, elder, or vulnerable adult
- If required by court order or legal subpoena

In such cases, the facilitator is mandated to report to appropriate authorities.

Acknowledgment

By signing below, I acknowledge that I have read, understood, and agree to abide by the terms of this confidentiality agreement. I understand that violating this agreement may result in a removal from the group and/or legal consequences.

Participant:

Participant Name (Printed): _____

Signature: _____

Date: _____

Anchored Support Services:

Facilitator Signature: _____

Date: _____