

McKinney Fire Department
Peer Support Team
Memorandum of Understanding and Confidentiality Statement

I, _____, agree to serve as a member of the McKinney Fire Department Peer Support Team and make the following commitments:

1. Attend initial training in peer support techniques.
2. Participate in Peer Support Team meetings and continuing education opportunities as outlined by department policy or at the direction of the Peer Support Program Coordinator.
3. Maintain strict confidentiality regarding Peer Support Team services, including all communications and personnel involved.
4. Complete the required anonymous contact documentation after each peer support interaction.
5. Abide by established Peer Support Team policies and all applicable state and federal statutes pertaining to peer support services.

I acknowledge my responsibility to protect the confidentiality of information obtained during peer support contacts, except where mandatory reporting or disclosure is legally required. I agree not to disclose any information obtained during peer support interactions to any unauthorized person or party, except as required by department policy and applicable laws, or in consultation with the Peer Support Program Coordinator or designated mental health professional providing team consultation.

Peer Support Team Member Signature

Date

Peer Support Program Coordinator

Date