

# Relapse Prevention Sign-in Sheet

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Confidentiality Agreement

By signing in below, I agree to the following confidentiality rules:

- I will treat all information witnessed in groups at Intensive Health as confidential and privileged information.
- I will not disclose any information about another person’s presence, status, physical whereabouts, diagnosis, treatment, or prognosis without that person’s written consent.
  - This includes written, oral, or photographic information and telehealth participation.
- I will maintain the confidentiality of any and all information even after my time with Intensive Health/ Stepworks has ended.
- I understand that failure to comply may result in discharge from all Stepworks programs.

GROUP SIGN-IN SHEET			OFFICE USE ONLY		
Name	Signature	Time in	Time out	Diagnosis Code(s)	Documentation Complete (initials)
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