



# Security/Confidentiality Agreement

## for Group Participants

Group Participant Name: \_\_\_\_\_

During groups, I will be exposed to confidential information about Intensive Health and Intensive Health patients. I agree to the following:

- I will treat all information as confidential and privileged.
- I will not disclose anyone's presence or participation in groups without their written consent.
- I will not disclose any written/oral/photographic information about anyone else.
  - including their identity, whereabouts, diagnosis, treatment, prognosis
- I will maintain this confidentiality even after their time with Intensive Health has concluded.

If I participate in telehealth groups, I will safeguard the privacy of other group participants:

- I will only access telehealth groups in a secure area.
- I will be completely isolated from any non-participants.
- I will not participate in a public space.
- I will be alone in a room with the door closed.

Failure to follow this conduct may result in discharge. This agreement is effective for the duration of my treatment at Intensive Health.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_