

VITAL OPTIONS & SERVICES LLC

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GROUP CONFIDENTIALITY

As evidenced by my signature below, I agree to participate in group therapy with the undersigned Therapist. I acknowledge that, with group therapy, there is risk of disclosure of confidential information by persons in the group to individuals outside of the group. I agree that I will not disclose information learned by me during the course of any group session and will protect each participant's right to confidentiality. I agree to hold the undersigned Therapist harmless from any claims or liability resulting from my disclosure of confidential information to a third party outside of a group session. I further agree not to hold the undersigned Therapist responsible, and release her/him from same, for/from any claims of liability that I could assert as a result of disclosure of my confidential information by co-participants in my group therapy sessions.

I understand I may choose to discontinue group therapy at any time.

Client

Date

Therapist

Date