



Statement of Confidentiality

As a member of the Transitions program, I acknowledge that personal information may be shared by myself or other members during a session. I understand that this information is private and not to be shared outside the session. I also understand that group leaders will refrain from discussing information shared during sessions with anyone outside of the session except in cases of suspected abuse or harm to myself, my children, or others.

I agree to uphold this confidentiality agreement by not discussing personal information shared during sessions, including names of other group members, with anyone or at anytime outside of the sessions.

Signature

Date

Printed name: _____