

Group Members Statement of Confidentiality

Confidentiality, a trust of privacy or secrecy of communication and information, is special in a group therapy-training setting, and is the shared responsibility of all group members and their facilitator(s). Although a group facilitator will not disclose student/client communications or information except as provided by law or in other limited circumstances, group members' communications and information are not protected. Thus, this agreement is an attempt to provide you and your fellow group members with as much confidentiality protection as possible.

As a member of (Psychology) Psy 513/514 Group Interventions – Group Psychotherapy & Psychodrama, Psy 447/547 Interpersonal Relationships, Psy527 Cognitive Behavioral Therapy, I will not divulge any confidential information which comes to me through the cognitive group interventions, psychodramatic warm-ups, psychodramas, sharing sessions and/or sociometric interventions. This shall include:

- not discussing any information pertaining to any group member with anyone (including my own family), roommates, significant others or any other person(s) not a member of this group.
- not reviewing any digital-CD-recorded from this group (or any other psychodrama group) with one's own family, roommates, significant others, or any other person(s) not a member of this group.
- not discussing any information pertaining to any group member in any place where it can be overheard by anyone not directly involved with the group.
- I will not contact any individual or agency outside of West Chester University to get personal information about any group member.
- I will not release any information, in writing or orally, regarding any group member to any person(s) or agencies. I understand that in extreme circumstances, such as medical emergencies, it may be necessary to release information to a health care giver without the group member's consent.
- I understand that violation of these confidentiality principals could potentially result in my termination as a group member, potential graduate or graduate candidate for the Master of Art's degree in Clinical Psychology or any undergraduate student at West Chester University. Further, breaching of confidentiality may subject me to civil or criminal liability.

By my signature below, I indicate that I have read carefully and understand this Agreement and that I agree to its terms and conditions.

Signature of Student _____ Date _____

Signature of Instructor _____ Date _____