



## Confidentiality Agreement

In the context of our group therapy sessions, confidentiality and privacy are paramount to creating a safe and supportive environment for all members at St. Jude's Wellness. This agreement serves as a vital framework for protecting the personal experiences and emotions shared within the group. Each member's commitment to maintaining confidentiality fosters trust, allowing individuals to express themselves openly without fear of judgment or exposure. By agreeing to the outlined expectations, members acknowledge the importance of safeguarding not only their own narratives but also the shared journeys of their peers.

The stipulation that members use first names only and refrain from sharing last names is a fundamental step in preserving anonymity and privacy. This practice helps maintain a level of security that encourages honest dialogue and connection. Furthermore, the commitment to refraining from contacting or communicating with fellow group members outside of the sessions reinforces the boundaries necessary for a therapeutic space. By respecting these boundaries, members create an atmosphere where individuals can feel comfortable exploring their vulnerabilities without the concern of their stories being carried beyond the group.

While members are educated that complete confidentiality outside the group cannot be guaranteed, the emphasis on each member's agreement to uphold confidentiality underscores a collective responsibility. This means that while individual choices play a role, there is a shared understanding that everyone is working toward the same goal of respect and privacy. The provision regarding the facilitator's duty to disclose information when necessary to protect members from harm serves as a critical reminder that confidentiality has its limits, emphasizing the priority of safety within the group dynamic. Ultimately, this agreement not only delineates expectations but also reinforces the commitment to fostering a healing and trusting environment where all members can thrive.

**Client Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Parent/Guardian Signature (if the client is a minor)** \_\_\_\_\_

**Date** \_\_\_\_\_



**Phone**

+1 (484) 860-8379



**Email**

jude.okeke@stjudeswellness.com



**Address**

4128 West Chester Pike Newtown Square  
PA19073