



PROVIDING SOCIAL, EDUCATIONAL AND MENTAL SUPPORT FOR CID COMMUNITY MANAGERS.

Network Confidentiality Agreement

Thank you for taking this time to be a part of the Network process. In order for Network to be effective, a safe environment must be in place. Therefore, there are expectations that will be set and these guidelines will add to the success of the Network.

1. Confidentiality: Being in an environment where open sharing takes place can be stressful and may feel unsafe. In order for all members to feel safe in sharing their experiences, you are making a commitment to not discuss anything, including other's reactions, with anyone outside of the Network. It is healing for you to discuss your emotions and reactions regarding the Network process inside and outside of the Network, but not about others. What others say in Network needs to stay in Network. We will be on a "first name basis only" in Network to help ensure confidentiality. My legal obligation to confidentiality is as follows: a) if you sign a release of information for exchange of information with a third party; b) if there is a suspicion of child or elder abuse; c) if you threaten serious harm to yourself or someone else (this may be reported to the police or appropriate authorities); d) if a subpoena is presented for legal proceedings.

2. Attendance: Although it may be hard to relate to right now, the other participants in the Network will come to depend upon you being there. It is very common for another member to identify with your experience and desire to draw you out in communication to aid in their healing. Being a part of Network is a serious responsibility that needs not to be taken lightly. Therefore, being a part of this Network will require your commitment. Life happens and there will be things that will hinder you from coming to Network. In that event, please contact us immediately at 310-871-3529 or by email at karenk@happymindsnetwork.org to inform us of your absence.

3. Rules: a) I agree to come each month, stay the entire session and to be on time. Network will begin and end on time, regardless of what is being discussed at closing time. b) I agree that my cell phone will be on silent during Network time. c) I agree to participate in Network sober and free of any illicit substances. d) I agree not to disclose any identifying information regarding another Network member to anyone outside of the Network that may help identify that member(s).

I, _____, understand that the Network member's name/comments/discussion that occurs within the Network are confidential. By signing this agreement, I agree to maintain confidentiality of all members of the Network. In addition, I have read all of the points of the Network rules and have asked questions for clarity about the items that I do not understand. I understand and agree to them, as evidenced by my signature below.

Network member's signature

Date

President's signature

Date