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Group Counseling Confidentiality Agreement

I,, agree to share my name and contact information with peers who are currently involved in Group Counseling with Find Yourself Be That LLC. I understand that the use of online communication may pose risks to the confidentiality of my health information. The Internet is an open network and provides no inherent protection for confidential information. I accept these risks. I agree to keep confidential within this group network the contact information that my peers share with me.	
By signing this form I am agreeing to the risks of onlin	ne communication.
Printed Name	
E-Mail Address	
Phone Number	
Signature	 Today's Date