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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 Sara Edwards, M.Ed., M.Ed., LPC. 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 online communication.

Printed Name

E-Mail Address

Phone Number

Signature

Today's Date