



## Excalibur Parent of Youth with ADHD Support Group Confidentiality Agreement

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_



Excalibur ADHD Association  
Parents of Youth Support Groups  
(1-215-687-0411)

(SKYPE)

(Fill in if you wish to receive emails from us. These emails include topics for meetings, other programs we offer and fundraising items. You can unsubscribe anytime by sending a request to: [ex.info@excaliburadhd.org](mailto:ex.info@excaliburadhd.org). Please, indicate "Remove Skype P-Y" in the Subject. Thank you.

**D**uring my membership in an Excalibur Parent of Youth with ADHD Support Group I may learn personal and confidential information about individuals who participate or are involved with this Group. Whether information is available to me through the Group or accidentally, I agree to maintain confidentiality and not reveal information to any person in the Group or outside the Group while a Member of the Group or at any time in the future when I may no longer be a Member of the Group.

I understand that breaking of this agreement could result in the termination of my membership with the Excalibur Parent of Youth with ADHD Support Group.

I understand that medicine and mental health care are ever-changing sciences. As new research and clinical experience broadens our knowledge, changes in treatment and/or drug therapy are required. Excalibur Parent of Youth with ADHD has checked with sources believed to be reliable in their efforts to provide information that is complete and generally in accord with the standards accepted at the time of posting. However, in view of the possibility of human error or changes in medical sciences, neither Excalibur ADHD Association or the Support Group Facilitator nor any other party who has been involved in the preparation or on-going functioning of this group warrants that the information communicated is accurate or complete, and they are not responsible for any errors or omissions or for the results obtained from the use of such information. Any information pertaining to my youth's health should be reviewed with the youth's physician.

Nothing provided herein should be construed as a substitute for professional advice or treatment by a mental healthcare professional.

Although good faith efforts have been taken to preserve participant confidentiality, Excalibur Parent of Youth with ADHD Support Group makes no guarantees in this regard nor to information communicated by and between participants in this forum.

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Facilitator: \_\_\_\_\_ Date: \_\_\_\_\_

