



## Confidentiality Agreement

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

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

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

E-mail: \_\_\_\_\_ *If you want to join the email-list.*



Excalibur ADHD Association  
Support Groups

**D**uring my membership in an Excalibur Support Group for Teachers 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 Support Group for Teachers.

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 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,, the Support Chair or the Facilitator of this Support Group 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. 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 Support Group for Teachers 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: \_\_\_\_\_



Family School POP 6-12

