Confidentiality Agreement: You have the right to confidentiality and privacy by the PrEP Clinic staff and other group members. Confidentiality within the group setting is a shared responsibility of all members and staff. While staff may not disclose any client communications or information except as provided by law, group members’ communications are not protected. As such, confidentiality within the group setting is often based on mutual trust and respect.

PrEP Clinic adheres to professional, legal, and ethical guidelines of confidentiality established by professional organizations and state law. Legal and ethical exceptions to confidentiality include: a clear or present danger to hard yourself or another, knowledge of the abuse or neglect of a minor child or incapacitated adult, or responses to a court subpoena or as otherwise required by law.

As a client of the PrEP Clinic, I agree to not disclose to anyone outside the group any information that may help to identify another group member. This includes, but is not limited to, names, physical descriptions, biological information, and specifics to the content of interactions with other group members.

Additional group agreements:

- I agree to come to each appointment, stay the entire session, and to be punctual. Group education sessions will start and end on time.
- I agree that if I am going to miss an appointment I will notify the PrEP Clinic Coordinator as soon as possible to reschedule my appointment.
- I understand that group educational sessions may cover material that some people find uncomfortable (condoms, discussion of sexual behaviors, use of alcohol and other drugs) but that no one is going to force me to talk or share difficult material before I am ready to do so.
- I agree that cell phones will not be used during group educational sessions.
- I understand that the educators are available to answer any questions after the conclusion of the group session.
- I agree to participate in a group session sober and not under the influence of controlled substances.
- I understand that the educators are not medical professionals. They can answer general questions about your health but will refer you to your provider with any specific questions.

By my signature below, I indicate that I have read carefully and understand the Group Educational Session Agreements and that I agree to its terms and conditions. I have asked and had answered any questions I have concerning these Group Agreements and am aware that signing the agreement is required for my admission to the group. I am also aware that my refusal to sign this Agreement will exclude me from participating in the group.

_____________________________________________                               _________________________
Client Signature                                                      Date