



**CONFIDENTIALITY AGREEMENT
FOR PARTICIPATION IN A GRANDVIEW INTERVENTION**

Chart #: _____

CLIENT NAME: _____ **BIRTH DATE:** _____

During the course of my participation in interventions or parent workshops at Grandview, I/we may have access to information regarding participants in the sessions. I understand and agree that all information of this nature is confidential and is not to be communicated to anyone, in any manner.

I further understand and agree that at no time may I, or any member of my party, take photos or videos without explicit authorization.

I further understand that any infraction of this policy will result in cancellation of my participation in the intervention.

This agreement shall remain in effect throughout my participation at Grandview.

Witness

Signature of Service Provider

Date

Relationship to Client