



141 Discovery Dr. Suite 213 | Bozeman, MT 59718 | gocmt.org

WAIVER

I _____, am aware of and understand that involvement in a To Be Told group may be a strenuous process, presenting stress and emotional difficulty. It is my choice to be involved and I knowingly and informed assume the risks inherent in being involved in such a group.

In the event that I am experiencing emotional difficulty, instability, or danger, I will immediately seek further help through a competent mental health professional.

I understand that the staff, board, sponsoring church, and the non-profit organization, known as Great Oaks Counseling Center is not responsible for any accident, harm, mishap or psychological duress that may come from being involved in a To Be Told group.

Signed: _____ Date: _____

CONFIDENTIALITY STATEMENT

I _____, hereby commit myself to keep what is shared in the context of my To Be Told group in complete confidence. I do so in love and respect for my fellow group members and leaders. I understand that I am always free to share what I personally have said; I simply respect the confidentiality of others. I will maintain confidentiality should the group disband, should I discontinue my participation in the group for any reason, and/or after the group has ended.

I understand that the circle of confidentiality is extended to my individual counselor and the Great Oaks Counseling Center group leaders, who are committed to the same standards of respect and privacy. I am free to discuss any aspect of the group with my counselor, and understand that my leader will be meeting with the group coordinator/supervisor to receive support in the leadership of the group.

Signed: _____ Date: _____