

**METABOLIC NUTRITION PROGRAM  
GROUP CONFIDENTIALITY AGREEMENT**

I agree to attend the ongoing counseling groups provided by the Metabolic Nutrition Program. I understand that I am making a commitment to attend the group sessions on a regular basis. If I am unable to attend a weekly group session, I will notify the program by phone or in person.

I understand that the matters discussed in the group sessions are confidential. I agree that I will not reveal to others the names of group members, and I will not discuss things that are shared by group members with others outside the group.

I understand that my group leader is mandated by law to report any incidents of sexual and/or physical abuse of a minor, abuse of an elder, or if any member of the group is determined to be a danger to themselves or others.

I also understand that this is a medically supervised program and the doctors need to be advised of any medical information. I understand the leader(s) of the group may talk to the doctors about any medical issues or concerns that arise in the group sessions.

I understand the importance for group members to feel safe in expressing their thoughts and feelings, and I agree to respect the rights and opinions of others in the group.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date