

## Group Nutrition Counseling Informed Consent

With full understanding of the need for confidentiality (that is, privacy) for all group members, I accept these rules:

1. We will use first names. Other information (such as phone numbers) can only be exchanged on a person-by-person basis. Do not give personal information about others out to anyone.
2. We will permit no children, spouses, or other visitors in our sessions.
3. We will not permit any kind of recordings of our sessions, even by our members or leader.
4. I promise not to tell anyone outside the group about any of the problems presented by any group member as this might be identifiable.
5. I understand and agree that if I break rules 1 to 4, I will be asked to leave the group and I may also face a possible lawsuit from others who feel their confidentiality has been breached.
6. I understand that the leader will keep a record on each individual member, and that this record will only contain first names of others.
7. I understand that I cannot be absolutely certain that they will always keep what I say in the group confidential even though every group member has agreed to secrecy.

This agreement supplements any previous informed consents.

I agree to abide by the rules and provisions above .

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Print Name

Signature

Date