

Northside Community Involvement Inc.

**Participants’ Empower-Her & Empower-Her II**

**CONFIDENTIALITY POLICY AND PLEDGE**

Confidentiality is essential to creating a safe and supportive environment for all participants of the Northside Community Involvement INC. Empower-Her & Empower-Her II support groups. By participating in this support group, you agree to the following confidentiality guidelines:

1. **Respect for Privacy:** What is shared in the group stays in the group. This includes personal stories, experiences, and any identifying details of other members.
2. **No Sharing Outside the Group:** Members will not disclose any information discussed in the group to friends, family, social media, or other parties.
3. **Anonymity:** Members are encouraged to use only first names or preferred names, and no one should be pressured to share more personal information than they feel comfortable with sharing.
4. **No Recording or Documentation:** Audio or video recording, screenshots, or written notes intended for outside sharing are strictly prohibited.
5. **Mandatory Reporting Exceptions:** While confidentiality is respected, facilitators may be legally required to report threats of harm to oneself or others, abuse, or other legal concerns.
6. **Mutual Trust and Respect:** Every member has a right to share without fear of judgment, retaliation, or violation of their privacy.
7. **Violation of Confidentiality:** Any breaches of confidentiality may result in removal from the group.

By participating in this group, you acknowledge that you understand and agree to abide by these confidentiality expectations.

I understand the above policy and pledge not to disclose confidential information.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please sign and return to the program manager.*

**Group Guidelines**

1. Confidentiality is a cornerstone of trust.
2. Respect for all members is non-negotiable.
3. Share your story and insights, but avoid giving unsolicited advice.
4. Be mindful of speaking time to ensure everyone has an opportunity to share.
5. Attendance is voluntary, but consistency helps build trust within the group.



**Northside Community Involvement Inc.**

**Participants’ Empower-Her & Empower-Her II**

**PERSONAL INFORMATION DATA SHEET**

**Name (First, Middle, Last):** **Date:**

**Preferred Name (Optional):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address (Optional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Phone Number (Optional)**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Age Group (Optional):**
1. 18-25,
2. 26-40
3. 41-55
4. 55+
* **Emergency Contact:**
	+ **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ **Phone Number**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Confidentiality Agreement Signed:** [Yes/No]
* **Reason for Joining (Optional):** [Short description, e.g., "Seeking support for anxiety."]

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