

# ***GROUPWORKS WEST***

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## **CONFIDENTIALITY AGREEMENT**

I, \_\_\_\_\_, AGREE NOT TO SHARE ANY INFORMATION RELATED TO MY OBSERVATION OF GROUPS OR INDIVIDUALS WITHIN GROUPS CONDUCTED AT THE OFFICE OF CHRISTOPHER MULLIGAN, LCSW (AKA GROUPWORKS WEST) WITH ANY PARTY INCLUDING, BUT NOT LIMITED TO, PARENTS, TEACHERS, MENTAL HEALTH PROFESSIONALS, SPEECH AND LANGUAGE PATHOLOGISTS, ATTORNEYS/ADVOCATES, AND OCCUPATIONAL THERAPISTS. THE ONLY EXCEPTION TO THIS CONFIDENTIALITY AGREEMENT IS A SIGNED, TWO-WAY RELEASE OF INFORMATION, AS VOLUNTARILY PROVIDED BY CLIENTS WITHIN THE GROUP AND/OR PARENTS/LEGAL GUARDIANS OF CLIENTS WITH THE GROUP. THIS RELEASE WOULD ALLOW A PROFESSIONAL OBSERVING GROUP TO SPEAK ABOUT A SPECIFIC GROUP MEMBER TO ANOTHER PROFESSIONAL (E.G., A PSYCHOTHERAPIST OF A CHILD COULD SPEAK TO THE CHILD'S TEACHER). ADDITIONALLY, PARENTS RETAIN THE RIGHT TO DISCUSS THEIR OWN CHILD WITH ANOTHER PARTY AT THEIR DISCRETION.

I, \_\_\_\_\_, AGREE THAT THE SOLE PURPOSE OF MY OBSERVATION IS TO LEARN ABOUT THE GROUP PROCESS AND/OR TO LEARN ABOUT A SPECIFIC MEMBER OF GROUP. WITH RESPECT TO PARENTS AND LEGAL GUARDIANS, IT IS UNDERSTOOD THAT THIS MEANS THEIR OWN CHILD OR CHILDREN. I ALSO UNDERSTAND THAT IF I AM A PROFESSIONAL, I MAY BE ASKED TO PROVIDE FEEDBACK TO GROUPWORKS WEST. IN THE CONTEXT OF PROVIDING FEEDBACK MY RESPONSIBILITY IS TO PROTECT THE CONFIDENTIALITY OF GROUP MEMBERS, THEIR FAMILIES, AND GROUP LEADERS.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_