



CONFIDENTIALITY STATEMENT FOR PARTICIPANTS
of the
Tennessee Professional Assistance Program

I understand the importance of confidentiality within a monitoring/recovery/alternative to discipline program. I agree to maintain strict confidentiality for all program participants. I will not confirm or deny the participation of any client, participant, potential client, or former client who is in any type of relationship with the Tennessee Professional Assistance Program.

I understand the importance of maintaining strict confidentiality within support groups and regarding any support group activities. I agree to honor strict confidentiality regarding any knowledge disclosed within a support group, any person participating in the support group, and any conversations occurring within the support group.

Upon my honor, I will never divulge any information, conversations, names, comments, or incidences that take place during a support group to anyone OUTSIDE of the group, or with any other persons or parties beyond the boundaries of the group except as is permitted by written consent.

Upon my honor, I will never REPEAT any information, conversations, names, comments, or incidences that take place during a support group to anyone outside the confines of the group or to any person or entity that is not a member of the group except as is permitted by written consent.

I will honor this code of confidentiality indefinitely.

Participant's signature

Date