

**Confidentiality Agreement**  
**Sixth Judicial District Department of Correctional Services**  
**Sex Offender Group / Tele-treatment Services**

- I understand that treatment services (group and/or individual) may be provided in a virtual manner versus in person groups or individual services (ie: COVID-19, inclement winter weather).
- I agree to attend and arrive on time for all group sessions. I am required to have advanced approval from my probation/parole officer to be excused from group for any reason. Group members will not be allowed to join group if more than 10 minutes late unless prior arrangements have been made with your Probation/Parole officer or group facilitator.
- I understand with the transition to tele-treatment services I am expected to verify at the beginning of each session that I am the only person in the room and will remain the only person in the room for the entire session to provide for the confidentiality of the information that I share, but also for the confidentiality of other group members. If I am unable to agree and/or verify that I am the only individual in the room during sessions, I will not be allowed to participate.
- I agree to participate in group sessions by being honest and by appropriately giving constructive feedback to others, and accepting feedback from others. I will treat other participants and/or facilitators with respect and not resort to verbal or physical threats or abuse, intimidation, inappropriate behavior, and/or sexual misconduct.
- I agree to complete all reading and written homework assignments to the best of my ability, by the assigned time.
- I agree to attend staffing(s) to discuss my progress in the program as needed.
- I agree to maintain the confidentiality of the group (virtual or in person) – what is said in the group stays in the group. Video/Audio recording is prohibited during group. It is strongly encouraged that group participants utilize headphones, ear buds, etc. to enhance the ability to ensure the confidentiality of these services. However, we understand that not all individuals have these accessible to them and therefore this will not be required, but strongly encouraged.
- I will inform Department staff of the nature and extent of any contact with other program participants outside of Department sponsored settings.
- I will not have a cell phone on during the group treatment sessions unless I have received advanced permission from the group facilitators.
- I understand I may be subject to progressive sanctions including termination from group for non-compliance by not actively and constructively participating or lack of attendance. I also understand that termination from group is considered a violation of my probation/parole supervision.

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 Signature

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 Date

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 Witnessed/Date