Rock County Family Recovery Court
CONFIDENTIALITY AGREEMENT

Note: If you have filled this form out before and turned it in, you DO NOT need to fill out another.

I, _____(**PRINT** name), understand that everything that is said in the Rock County Family Recovery Court (FRC), team meetings, the process group, and professional meeting is confidential and cannot be shared with anyone outside of the team. I understand that information from the treatment providers and family case managers will be discussed with the whole team. This discussion is used to look at the needs of the participants, follow their progress, and develop the team's response to a participant's needs.

I understand that I may hear information that is highly sensitive and legally confidential. I swear that I will not talk about the identity of the participants or any information that I heard about them.

SIGNATURE _____

DATE _____

Why are you observing Family Recovery Court?

____ I am considering applying to FRC. My case manager's name is _____

____ I am here with someone who is in FRC or is thinking about joining.

____ I am observing the court. Please list your role and/or agency here: _____

_____

_____

____ Other: _____

Questions: Please ask to speak with Hannah Ehrke, FRC Coordinator.

Welcome to Family Recovery Court!