**Self-Help Group**

**Confidentiality Policy & Agreement**

*Self-help group facilitators and participants must maintain confidentiality according to NMSS policies.*

Confidentiality limits the disclosure of personal identification and/or information revealed in any self-help group meeting or activity. Each self-help group member and self-help group attendee must safeguard confidentiality and cannot disclose, in an individually identifiable way, information, photographs, or videos about a particular person without that person’s expressed authorization. This includes safeguarding the participant’s right to anonymity.

This policy of the National Multiple Sclerosis Society recognizes the rights of individuals to privacy and conforms with the general principles defined by the Federal Privacy Act of 1974, generally accepted social work practice and various professional associations.

I, _____________________________, have read and understand the policies and guidelines of the National Multiple Sclerosis Society regarding confidentiality. To the degree I may be given access to the identity and details of people with multiple sclerosis and their families, I will safeguard this information in strict confidence. I also recognize that the Chapter Programs staff will provide continuing direction and counsel as to the proper use of confidential information.

_______________   ________ ___________________________
Date     Self-Help Group Attendee’s Signature

**Group Member Contact List**

By providing my email and/or phone number below, I give permission for this contact information to be shared with other group members at my local MS Self-Help Group.

________________  ________ ______________________
Phone Number   Email Address