

MEMO OF UNDERSTANDING (VIDEO)

PURE DESIRE VIDEO PARTICIPANTS:

Please read and sign this Memo of Understanding, indicating that you have read and understand the purpose and parameters of Pure Desire groups and the moral and ethical obligations of the group facilitators.

I understand that every attempt will be made to guard my anonymity and confidentiality in this group, but that anonymity and confidentiality cannot be absolutely guaranteed in a group setting.

- I realize that the group facilitator cannot control the actions of others in the group.
- I realize that confidentiality is sometimes broken accidentally and without malice.
- I understand that I am allowed to share any of my personal experiences with others outside the group, however, I also understand that disclosing any information about others in the group with anyone outside the group is strictly prohibited. I understand that this type of behavior, whether intentional or unintentional, may result in termination of my group participation.

I understand that it is my responsibility to ensure that my location during the meeting is private and restricts people who are not in the group from hearing or seeing the video or audio stream of the group meeting.

I understand that the group facilitator is morally and ethically obligated to discuss with me any of the following behaviors, and that this may lead to breaking of confidentiality and/or possibly intervention:

- I communicate anything that may be interpreted as a threat to self-inflict physical harm.
- I communicate an intention to harm another person.
- I reveal ongoing sexual or physical abuse.
- I exhibit an impaired mental state.
- I reveal that I have perpetrated an act of child abuse and/or child molestation or have expressed the intent to commit such an act.
- I reveal that I have perpetrated or am considering an abusive act toward the elderly and/or disabled.

I have been advised that the consequences for communicating the above types of information may include reports to the proper authorities: the police, suicide units, or children's protective agencies, as well as to any potential victims.

I further acknowledge that if I am on probation and/or parole and I engage in wrongful behavior in violation of my parole/probation, part of my healing/recovery may include notifying the appropriate authorities.

I understand that this is a Christ-centered group that integrates recovery tools with the Bible and prayer, and that all members may not be of my particular church background. I realize that the Bible may be discussed more (or less) than I would like it to be.

I understand that this is a support group and not a therapy group and that the group facilitator is qualified by "life experience" and **not** by professional training as a therapist or counselor. The group facilitator's role in this group is to create a climate where healing may occur, to support my personal work toward recovery, and to share their own experience, strength, and hope.

Name (please print) _____ **Date** _____

Signature _____

Group Leader Name _____ **Signature** _____