



CONSUMER CONFIDENTIALITY STATEMENT

As a consumer of services provided by Pathways, Inc., I understand that the identity of other consumers is confidential. I understand that Federal Law and regulations protect the confidentiality of each individual who receives services from Pathways, Inc.

I will respect other consumers' confidentiality. I understand that if I obtain information regarding another consumer, including but not limited to, the fact that an individual is being treated at Pathways; and/or, if while attending a group service, should I learn any additional information regarding an individual, I cannot discuss this outside of the program.

I understand that there could be penalties for failure to comply with the above statements, including possible civil penalties.

Consumer's Signature

Date

Witness's Signature

Date