



**Alzheimer's Association Minnesota-North Dakota  
Support Group Visitor Statement of Confidentiality**

The Purpose of an Alzheimer's Association support group is to offer individuals support and information that is specific to dementia in a confidential environment. As a matter of chapter policy and ethics governing Support Groups, any information divulged by attendees is considered CONFIDENTIAL and must be safeguarded.

As a Support Group visitor, you will hear much personal information. You must protect the trust placed in you and be respectful of the attendee's privacy at all times.

---

**Support Group Visitor Information**

Name: \_\_\_\_\_ Company (if applicable) \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for visiting: \_\_\_\_\_

This signature reflects I understand and agree to comply with the statements above:

\_\_\_\_\_  
Signature of Support Group Visitor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Support Group Facilitator

\_\_\_\_\_  
Date

Facilitator:

Please fax to Katie Roberg 952-830-0513 with your monthly attendance forms. Thank you!