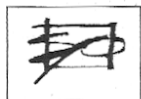




PSICOSOMA

Formazione in Psicoterapia Integrata



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Confidentiality Agreement

I am aware that, in the course of the Sensorimotor Psychotherapy Training I will learn personal information about my training colleagues. I hereby agree to consider this information, as well as any other clinical information provided to, or shared with me during the practices or through contacts with other colleagues during the training or after completion thereof, as confidential.

I am aware that Sensorimotor Psychotherapy video sessions as well as other clinical information, including clients' identity, words, attitudes and any other element likely to identify them, are to be considered confidential information.

I am aware that the Power Point slides, brochures and other training material contain Sensorimotor Institute intellectual property, personal use¹ of which is forbidden without the Sensorimotor Institute written consent.

I agree not to disclose confidential information originating from the Sensorimotor Psychotherapy Training to my professional organization, private practice, colleagues or other acquaintances, including supervisors, partners and employees. I shall not include any confidential information originating from the Sensorimotor Psychotherapy Training in any presentation, conversation, video projection, audio material, or share such information in any way.

Name: _____

Training Location: _____

Date: _____

Signature: _____

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