



Confidentiality Statement

I, _____, the undersigned, agree to serve as a member of The Miami Beach Police Department's Peer Support Program and agree to the following commitments:

1. Attend a mandatory 40-hour training session in Peer Support Techniques.
2. Attend Program meetings and continuing education opportunities as necessary per the Program Coordinator.
3. Maintain strict confidentiality regarding Program services conducted, including topics discussed and personnel involved, at these meetings and when other Program business is conducted.
4. Complete required records of activities (i.e. Contact Sheets).
5. Abide by department Standard Operation Procedures and applicable statutes.
6. Agree to be the on call Peer Support Team Member (PST) or back up PST on a monthly basis. If you are unable to cover one of your on-call days, you will need to notify the PST coordinator or his/her designee.

The undersigned hereby acknowledges his/her responsibility to keep confidential any information obtained during a Peer Support contact as well as all confidential information of the Peer Support Program. The undersigned agrees not to reveal to any person or persons, except authorized Peer Support Program personnel, any specific information obtained during a Peer Support contact and further agrees not to reveal to any third party any confidential information of the Peer Support Program, except as required by law.

Dated this _____ day of _____ 20__.

Peer Team Member

Peer Team Program Coordinator