I. OVERVIEW—THE LAP PROGRAM IN GENERAL

The Lawyer Assistance Program (LAP) is a confidential service provided by the State Bar to help its members with problems which negatively impact their quality of life and their ability to function effectively as members of the Bar through education, intervention, peer support and professional clinical treatment. In order to help meet the needs of its members and ensure confidentiality, the Bar contracts the services of CorpCare Associates, Inc., Employee Assistance Program, a Georgia-headquartered national counseling agency. Oversight of the LAP is provided by the Lawyer Assistance Committee (LAC) which consists of members of the Bar as well as up to four members of the public who have experience in providing behavioral health services either in the field of addiction or mental health.

The LAP provides a broad range of helping services to members seeking assistance with depression, stress, alcohol/drug abuse, family problems, workplace conflicts, psychological and other issues. You can contact the LAP by calling 800-327-9631, or by emailing Lisa Hardy, vice president, CorpCare Associates, Inc., at lisa@corpcareeap.com.

Services Available Through LAP

All services are accessible through the confidential LAP Hotline: 800-327-9631

Telephone Hotline: Staffed by trained counselors 24 hours a day, 7 days a week. If you are a member of the State Bar and have a personal problem that is causing you significant concern, the Lawyer Assistance Program can help. Please feel free to call LAP's confidential hotline at 800-327-9631.

Up to 6 prepaid In-Person counseling sessions with a licensed counselor per year.

Work/Life Program for unlimited, prepaid assistance with such issues as Childcare, Elder Care and Finances. Members of the State Bar of Georgia have unlimited use of the LAP Work/Life program, a time saving resource that helps them stay productive on the job. Callers receive advice, referrals and materials customized to take into account their individual concerns, financial and geographic needs. These referrals are reached through calling the LAP Hotline: 800-327-9631.

Some of the information Work/Life counselors provide includes:

Child Care—Centers, Family Day Care Providers, In-Home Care, Summer Day & Resident Camps, Before/After School Care, Preschool Programs, Special Needs Programs, Back Up Care, Private and Public Schools, Boarding Schools as well as Educational Materials on provider selection and parenting tips;
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Elder Care—Senior Centers, Adult Day Care, Home Health Care, Nursing Homes, Retirement Communities, Transportation Services, Support Groups as well as Financial Options including Medicare and Medicaid Information;

Adoption Information—Public and Private Adoption Agencies, Adoption Counselors, Support Groups, Adoption Attorneys and Educational Material;

College Assistance—College Planning Guide with Resources for Financial Aid and Educational Consultants, Sample SAT Booklets, Computer Software Programs and College online Services.

Financial Advice—Certified Financial Counselors help move callers toward fiscal fitness during telephonic sessions that include such topics as: General Money Management, Creating a Budget, Saving for College, Credit and Credit Reports, Purchasing or Refinancing a Home or Automobile, as well as Debt Management, Preventing Bankruptcy and Foreclosure. Callers learn how to prevent identity theft. If victimized, they are guided through a structured plan of action to recover and they get ongoing counseling support during the identity theft trauma.

II. THE PEER VOLUNTEER PROGRAM INITIATIVE

The LAC seeks to extend the outreach of the LAP in an effort to facilitate greater utilization by Bar members of the resources provided by the LAP as well as provide additional opportunities for members of the Bar to participate in assisting their peers. The LAC determined that developing a volunteer peer support program was an effective method of achieving both goals. This program may sometimes be referred to as the “Peer Program” or “Lawyers Helping Lawyers.”

A. What Is Peer Support?

Ongoing practical, social, and emotional support has been shown to be a critical and effective strategy for facilitating sustained behavior change for people with chronic diseases/risks and other conditions. While access to and use of the services such as those provided by or accessible through the LAP is extremely important, those services can be supplemented by peers who can share the kinds of everyday experiences that have enabled them to live happy and healthy lives while facing difficult circumstances.

Peer support generally involves people sharing similar experiences with an illness or condition. People with a common condition are able to share knowledge and experiences, including some that many healthcare workers do not have. Peer support refers to the practical, social, and emotional support from a person sharing similar experiences with a disease or condition. The Committee believes the shared experience of practicing law provides an additional benefit above and beyond what would be available through traditional peer support networks. Based on this common experience, the role of peer volunteer is open to all members of

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State Bar of Georgia without regard to whether they have experience with any particular condition.

Peer support can take many forms – phone calls, text messaging, group meetings, individual meetings over a cup of coffee or a meal, going for walks together, or other common activities. There is no “one size fits all” approach or uniform strategy for peer support. Overall, Peer support complements and enhances other health care services by creating emotional, social and practical assistance.

The LAC hopes to provide volunteer peer support to Bar members who are addressing issues with depression, bipolar disorder, other mood disorders, anxiety, stress, addiction to substances or process addictions, grief, physical illness, and work/life balance. Additionally the LAC hopes to provide volunteer peer support to Bar members who are not facing those kinds of issues personally, but have a family member who is.


The volunteer peer support person is not a therapist and does not provide therapy or counseling services. Volunteers are instructed to notify either CorpCare, which is the clinical contractor for the LAP at either 770-200-8085 or 877-843-6036 or the Confidential LAP Hotline at 800-327-9631 in the event that they believe the attorney they are assisting requires clinical services.

The role of the volunteer peer support person similarly does not involve assisting the attorney they are working with in the active practice of law. The volunteer is not providing legal advice or direction concerning matters which the attorney may be handling. Similarly, the role of the volunteer is not to provide legal advice or counsel to the attorney concerning legal problems or issues which are personal to the attorney.

C. Selection and Training of LAP Peer Volunteers

A member of the State Bar is eligible to volunteer to serve as a peer. A member of the LAC will conduct a brief screening interview with the prospective volunteer. The prospective volunteer will also complete a written information form (see Attachment 1), which will be securely held by CorpCare as described in Section F. below. Following this process, the prospective volunteer will be provided training at no cost. The LAC is also working to obtain CLE credit for participating in the training program. The volunteer will be required to go through the training program again every two (2) years.

The training program will address the following:

1. LAP program protocols and guidelines.
2. Basic knowledge regarding the philosophy and theoretical concepts which form the basis for peer assistance;
3. Developing the capability for providing peer assistance to legal colleagues.

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4. Recognition of the symptoms of mental illness and maladaptive responses to stress;
5. Recognition of the key symptoms of addiction and its effects on individuals, families and co-workers; and
6. Understanding the role of peer assistance and be able to provide support to LAP Participants impacted by mental illness, addiction and other troubles.

**D. Attorneys Seeking Services from the Peer Program**

Any member of the State Bar of Georgia is eligible to seek volunteer peer support services from the LAP. An individual who is interested in seeking services will (i) contact CorpCare at either 770-200-8085 or 877-843-6036, (ii) contact a member of the LAC at the contact information on the LAP page of the Bar’s website or (iii) select a volunteer from the searchable forum on the LAP page of the Bar’s website, as described in Section E. below. Because of the voluntary, no cost nature of the services provided, both individuals seeking services from the Peer Program and Peer Volunteers will be required to sign a release of liability in advance of their participation in the program. (See Attachment 2A and Attachment 2B).

**E. Matching of Volunteers and Program Participants**

When a Participant initiates the Peer selection process, he/she will be directed to the LAP page of the Bar’s website, which will provide a searchable forum from which to select a volunteer. In the forum, he/she will not be provided with names of Volunteers, only generic information from the data contained in each Volunteer’s written information form with a code number attached. The data are contained in an online encrypted database. The Participant will be provided with an access code to enable them to view online the biographical and experiential information of the individuals who may be available to serve as their Peer Volunteer. The Participants will use code numbers to select individuals they would like to serve as their Peer Volunteers. The coded information will be electronically transmitted to CorpCare and the prospective Peer Volunteer will then be contacted with a request to serve as a Peer by code number. If the prospective Peer Volunteer accepts, he/she will be given the Participant's contact information and will be responsible for the initial outreach and contact. Only personnel at CorpCare will have the code that links Peer Volunteer’s code number to their name.

Volunteers are limited to serving two Participants at one time, in the interests of providing robust support in all cases.

**F. Confidentiality**

Existing Rules governing the LAP provide for the confidentiality of certain communications made by lawyers seeking LAP services. The LAC has proposed amendments to clarify and strengthen that protection in the context of the new peer program (and has agreed to be bound by the new Rules in the interim until they are formally adopted). Except for threats of death or substantial bodily harm, statutory requirements of disclosure (e.g., terrorist plots) and defending oneself against allegations concerning misfeasance in the assistance he or she has provided, Volunteers are and will be required to keep information they learn confidential;

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however, because of the voluntary nature of the program, the LAP does not and cannot be responsible for any failure of any individual volunteer or participant to maintain program guidelines.

On the flip side, disclosures by Volunteers as part of the sign up and matching process will be held in an encrypted database maintained by the Bar’s clinical contractor for the LAP and will be presented anonymously on the Peer Program website, with identities made known to the parties only when a “match” has been made as described above.

G. Ongoing Responsibilities of Peer Volunteers

By participating in the Program, Volunteers agree to do the following:

1. Attend the training sessions outlined above;
2. Have regularly scheduled meetings with Participant in public places or by phone;
3. Consistently follow through with the Participant until support is no longer needed or parties agree to disengage;
4. Self-recuse in case of relapse or current disciplinary proceeding;
5. Respect the confidentiality of the Participant per LAP program guidelines;
6. Follow LAP program guidelines; and
7. Notify the LAC at the time of termination of the relationship with the Participant

H. Liability and Insurance Coverage for Volunteers

The LAC has been informed that the volunteer activities performed by the Peer Volunteers as outlined in the Volunteer Program materials and training programs are generally covered under a commercial general liability insurance policy but not under any professional error & omissions policy or other liability policies. There is an important caveat to the commercial general liability policy. This policy will not cover volunteers in the event the activity in question is deemed to be clinical in nature or the rendition of professional or legal services. Additionally, this policy will not cover volunteers if a claim is brought against them by the State Bar or a State Bar employee, or if the claim arises from their operation of a motor vehicle. It is therefore important for this reason as well that Peer Volunteers respect the boundaries that their role as peer supporters entails.

I. Termination of Volunteer-Participant relationship

Because participation in the program is voluntary on the part of both the Peer Volunteer and the Participant, either is free to terminate the relationship at any time. The topic of termination of the relationship will be covered in greater detail in the Volunteer training, but a brief mention of the subject is appropriate here. Termination of the relationship may be consensual or in some cases it may be unilateral or forced. Examples where the relationship is subject to unilateral or forced termination might include where the volunteer has sustained a relapse or potentially in a situation where the Participant requires a higher level of services than can be provided by the Peer Volunteer. As a general rule, the Volunteer should plan for an
orderly termination of the relationship and the transition of the Participant to another Peer Volunteer should the Participant so desire.

In case of relapse or if a current disciplinary proceeding, other than a complaint, is filed against him or her, Volunteers commit to recuse themselves and to notify CorpCare that the Volunteer is terminating the relationship with Participant at that time.

J. Peer Assistance Process and Tips

The LAP Volunteer receives inquiries from the LAP Committee, CorpCare as the Bar’s external counseling resource, and/or a direct request from a member. Basic information provided to the LAP Volunteer from one of these sources helps to determine the best follow-up approach.

The LAP volunteer telephones the Participant. When leaving a voicemail, volunteers identify themselves by name with a message they are returning a call. Volunteers do not state on voicemail that they are a LAP Volunteer without the Participant’s permission.

LAP Volunteers may communicate via phone or meet face to face with Participants to offer support, guidance and resources. The program recommends that volunteers meet in a safe environment such as their office or a public restaurant. Volunteers are discouraged from going to the Participant’s home or an isolated area where safety cannot be insured. Volunteer safety is given equal weight within the program to Participant safety.

Inform the Participant why you are contacting them and remind them of the privileged confidentiality of all LAP communications. Do not disclose the source of the referral unless you have their permission. Create a safe environment.

Emphasize that your only purpose is to be of assistance to them.

Focus on what the Participant sees as the problem and what they would like to change.

Use active listening skills.

Share your own experience, strength and hope.

Do not discuss diagnoses or psychoanalysis.

Do not establish a treatment plan.

Do not assist the Participant in the active practice of law or provide legal advice or direction concerning matters which the Participant may be handling.

Be consistent. Always follow through with resources you offer or meetings you agree to have.

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LAP Volunteers do not engage in romantic, sexual or business relationships with Participants.

If you believe your objectivity is lost or the experience is too draining, contact CorpCare for a consult.

K. Notification Process

CorpCare will contact volunteers monthly via email about the status of your contacts. Please respond promptly and also make sure that CorpCare is apprised of the final outcome of your contacts. CorpCare will also contact you annually to obtain an update of your status as a volunteer. If you do not respond within a reasonable time, you will be removed from active status as a volunteer.

The LAP volunteer always notifies and consults with CorpCare and/or the LAP Committee Coordinator for, but not limited to, the following situations:

(a) The Participant is a danger to self or others – suicidal, homicidal (in this case, the first call is to police or emergency responders);
(b) The Participant exhibits difficult or problematic behaviors;
(c) The volunteer believes the Participant’s problems are outside the scope of their training or comfort level; or
(d) They discover they have a conflict of interest with the Participant.

Direct Calls to LAP Volunteers: All calls to LAP Volunteers which come directly from attorneys or family members seeking help are to be reported to CorpCare. Volunteers may handle these calls themselves, as appropriate, providing peer assistance, or the LAP Coordinator will assign these matters to other volunteers.
ATTACHMENT 1
LAWYERS HELPING LAWYERS*

VOLUNTEER INFORMATION FORM

This form is for the purpose of gathering accurate information in an effort to match you with colleagues in need who are struggling with issues similar to those that you have experienced. You hereby authorize the release of the below information to the Program’s clinical consultant, CorpCare, provided that, all identifying disclosures shall be held in CorpCare’s confidential and secure encrypted database in accordance with all privacy and security requirements under applicable law, including without limitation HIPAA and HITECH, and in accordance with this document.

Name of Volunteer:_______________________                    Tel (o):____________________
Address:________________________________        Tel (cell):__________________
                                                    ______________________________________________________________________
                                                    ______________________________________________________________________
                                                    ______________________________________________________________________
                                                    ______________________________________________________________________
Days of Availability
__ All __Mon __Tues __Wed __ Th __ Fri __ Sat __ Sun

Messages may be left on __ phone (o)   __ phone (c)   __ phone (h)   __ email __ none
Preferred? _________

Gender  ___M ___F

Age Range
__ 20-25      __ 41-45      __ 61-65
__ 26-30      __ 46-50      __ 66-70
__ 31-35      __ 51-55      __ Over 70
__ 36-40      __ 56-60

Mental Health or Substance Use Disorder/Addiction:
Please check all areas in which you have personal experience or simply wish to assist participants:

Mental Health:                  Substance Use Disorder/Addiction:
___ Depression                  ___ Alcohol
___ Anxiety                    ___ Drugs (________________)
___ Bipolar                    ___ Gambling
___ Obsessive Compulsive Disorder ___ Sex Addiction
___ Attention Deficit Disorder  ___ Work
___ Schizophrenia              ___ Pornography
___ Eating Disorder/Body image  ___ Food
___ PTSD                       ___ Internet
___ Eating Disorder/Body image
___ PTSD

If not listed, please describe: __________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________.

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Areas that Potentially Affect Work:
Please check all areas in which you have personal experience or simply wish to assist participants:

___ Disability that affects me in my law practice (________________)
___ Work/life balance
___ Job related insecurities
___ Financial insecurity
___ Child care issues
___ Aging parents
___ Am family support for family member with
   ___ mental health issues
   ___ substance use disorder/addiction
___ Stress related to chronic illness

If not listed, please describe: _____________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________.

In recovery (Yes/No)

Previous experience as a Peer: ________________________________________________________

What do you wish to gain and/or what do you expect to contribute as a Peer?
__________________________________________________________________________________

**CONFIDENTIALITY:** When a Participant initiates the Peer selection process, he/she will not be
provided with names, only raw data with a code number attached. If he/she selects your code number, you
will be contacted with a request to serve as a Peer. If you accept, you will be given the Participant's
contact information and you will be responsible for the initial outreach and contact. [Only CorpCare will
have the code that links your code number to your name].

By signing below or by your electronic signature, you acknowledge that (i) you are an active member in
good standing of the State Bar of Georgia, (ii) you have read and understand the above information, (iii)
you have signed the Lawyers Helping Lawyers Peer/Participant Consent, Release and Acknowledgment
and (iv) you commit to recuse yourself and to notify CorpCare at 800-327-9631 or lisa@corpcareeap.com
that you are terminating the relationship with Participant in case of personal relapse or if a current
disciplinary proceeding, other than a complaint, is filed against you.

______________________________
Signature of Volunteer

______________________________
Name of Volunteer

______________________________
Date

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LAWYERS HELPING LAWYERS*  
POLICIES AND GUIDELINES  
ATTACHMENT 2A  
LAWYERS HELPING LAWYERS*  

PARTICIPANT CONSENT, RELEASE AND ACKNOWLEDGMENT  

LAWYERS HELPING LAWYERS* (the “Program”) provides a confidential process designed to assist participants (each a “Participant”) who identify a problem and request to meet with a colleague who has successfully managed a similar problem and/or can offer support and guidance (each a “Peer”). Participants include Georgia attorneys and judges. Peers are designees of the Lawyer Assistance Committee of the State Bar of Georgia. Working with a Peer involves sharing sensitive, personal and private information that may at times be distressing. During the course of the relationship, both parties will work together to address Participant’s difficulty. Peers assist with a wide variety of problems including but not limited to: depression, anxiety, stress due to work or family issues and addictions such as alcohol, drugs, food addiction, gambling, sex or other compulsive behaviors. The outcome is often positive; however, the level of satisfaction for any individual is not predictable. The foregoing shall be referred to herein as “Peer Services.”  

CONFIDENTIALITY:  

All interactions between Participant and Peer are proceedings of the Lawyer Assistance Committee of the State Bar of Georgia and as such, except as set forth below, are confidential. The failure of either the Participant or Peer to keep confidential any information which either may have received is a violation of the Program Guidelines; however, a Participant may request in writing that a Peer release specific information about Participant to designated persons.  

EXCEPTIONS TO CONFIDENTIALITY:  

• Peer may reveal to police or emergency responders, or any person in imminent danger, information needed to avoid or prevent death or substantial bodily harm.  
• Peer may reveal information  
  a. which is mandated by statute to be reported;  
  b. to respond in any proceeding to allegations of misfeasance concerning the assistance he or she has provided to Participant as part of the Program; and  
  c. to secure legal advice about Peer’s compliance with the Bar Rules.  

SCOPE OF PEER SERVICES:  

The below-signed Participant acknowledges and agrees that: Peers are not therapists or professional counselors. They are Georgia attorneys and judges who are willing to share their personal recovery experience from addiction, mental health treatment or other difficulties and provide support for their colleagues. Peers are also attorneys and judges who simply want to help their colleagues in whatever way they can in order to make a positive contribution to the community and their profession. Peers do not provide clinical services, including without limitation conducting physical or psychological examinations, performing therapeutic counseling or establishing treatment plans. In addition, Peers do not (i) give assistance or support with respect to Participant’s management of his/her practice or client matters or (ii) provide legal services or legal advice.  

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MUTUAL COMMITMENTS OF PEER AND PARTICIPANT:

The Peer’s commitment is to support the Participant through his or her process. Participant’s commitment is to attend all scheduled interactions with Peer and work positively towards mutually defined goals. Peers may communicate via the phone or meet face to face with Participants to offer support, guidance and resources. Peer and Participant will determine the length of time and frequency to meet. The Program recommends that Peers and Participants meet in a safe environment such as an office or a public restaurant. Peers are discouraged from going to the Participant’s home or an isolated area where safety cannot be ensured. Peer and Participant safety are given equal weight within the Program.

RELEASE AND INDEMNIFICATION:

The below-signed Participant, for himself or herself and his/her heirs, executors, administrators and assigns, hereby (i) releases and discharges the State Bar of Georgia, the Lawyer Assistance Program of the State Bar of Georgia and the Lawyer Assistance Committee of the State Bar of Georgia and their respective officers, directors, members, employees, representatives, contractors, agents, designees and volunteers, including without limitation any Peer providing Peer Services to Participant (collectively, “Indemnified Parties”), of and from any and all claims which he/she or they ever may have against any of them, on account of, by reason of or arising in connection with the provision of Peer Services, including, without limitation, the failure of the Participant or Peer to follow Program Guidelines, and hereby waives all such claims, demands and causes of action including the right to have the enforceability of this provision interpreted by any court or tribunal and (ii) indemnifies, defends and holds harmless the Indemnified Parties of and from any liability associated with the provision of Peer Services to Participant.

By signing below or by his/her electronic signature, Participant acknowledges that he/she has read and discussed the above information with others as needed, understands the risks and benefits of accepting Peer Services, the nature and limits of confidentiality and what is expected of him/her as a Participant.

This Consent/Release/Acknowledgment shall remain in effect until revoked in writing by Participant and delivered to the Lawyers Assistance Committee by hand or by certified mail, return receipt requested; provided that the above release and indemnification shall survive any such revocation.

Signature of Participant

Name of Participant

Date

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LAWYERS HELPING LAWYERS*  
POLICIES AND GUIDELINES  

ATTACHMENT 2B  
LAWYERS HELPING LAWYERS*  

PEER CONSENT, RELEASE AND ACKNOWLEDGMENT  

LAWYERS HELPING LAWYERS (the “Program”) provides a confidential process designed to assist participants (each a “Participant”) who identify a problem and request to meet with a colleague who has successfully managed a similar problem and/or can offer support and guidance (each a “Peer”). Participants include Georgia attorneys and judges. Peers are designees of the Lawyer Assistance Committee of the State Bar of Georgia. Working with a Peer involves sharing sensitive, personal and private information that may at times be distressing. During the course of the relationship, both parties will work together to address Participant’s difficulty. Peers assist with a wide variety of problems including but not limited to: depression, anxiety, stress due to work or family issues and addictions such as alcohol, drugs, food addiction, gambling, sex or other compulsive behaviors. The outcome is often positive; however, the level of satisfaction for any individual is not predictable. The foregoing shall be referred to herein as “Peer Services.”

CONFIDENTIALITY:

All interactions between Participant and Peer are proceedings of the Lawyer Assistance Committee of the State Bar of Georgia and as such, except as set forth below, are confidential. The failure of either the Participant or Peer to keep confidential any information which either may have received is a violation of the Program Guidelines; however, a Participant may request in writing that a Peer release specific information about Participant to designated persons.

EXCEPTIONS TO CONFIDENTIALITY:

• Peer may reveal to police or emergency responders, or any person in imminent danger, information needed to avoid or prevent death or substantial bodily harm.
• Peer may reveal information
  a. which is mandated by statute to be reported;
  b. to respond in any proceeding to allegations of misfeasance concerning the assistance he or she has provided to Participant as part of the Program; and
  c. to secure legal advice about Peer’s compliance with the Bar Rules.

SCOPE OF PEER SERVICES:

The below-signed Peer acknowledges and agrees that: Peers are not therapists or professional counselors. They are Georgia attorneys and judges who are willing to share their personal recovery experience from addiction, mental health treatment or other difficulties and provide support for their colleagues. Peers are also attorneys and judges who simply want to help their colleagues in whatever way they can in order to make a positive contribution to the community and their profession. **Peers do not provide clinical services, including without limitation conducting physical or psychological examinations, performing therapeutic counseling or establishing treatment plans. In addition, Peers do not (i) give assistance or support with respect to Participant’s management of his/her practice or client matters or (ii) provide legal services or legal advice.**
MUTUAL COMMITMENTS OF PEER AND PARTICIPANT:

The Peer’s commitment is to support the Participant through his or her process. Participant’s commitment is to attend all scheduled interactions with Peer and work positively towards mutually defined goals. Peers may communicate via the phone or meet face to face with Participants to offer support, guidance and resources. Peer and Participant will determine the length of time and frequency to meet. The Program recommends that Peers and Participants meet in a safe environment such as an office or a public restaurant. Peers are discouraged from going to the Participant’s home or an isolated area where safety cannot be ensured. Peer and Participant safety are given equal weight within the Program.

RELEASE AND INDEMNIFICATION:

The below-signed Peer, for himself or herself and his/her heirs, executors, administrators and assigns, hereby (i) releases and discharges the State Bar of Georgia, the Lawyer Assistance Program of the State Bar of Georgia and the Lawyer Assistance Committee of the State Bar of Georgia and their respective officers, directors, members, employees, representatives, contractors, agents, designees and volunteers (collectively, “Indemnified Parties”), of and from any and all claims which he/she or they ever may have against any of them, on account of, by reason of or arising in connection with the provision of Peer Services, including, without limitation, the failure of the Peer or any Participant to whom the Peer provides Peer Services, to follow Program Guidelines, and hereby waives all such claims, demands and causes of action including the right to have the enforceability of this provision interpreted by any court or tribunal and (ii) indemnifies, defends and holds harmless the Indemnified Parties of and from any liability associated with the provision of Peer Services to Participant.

By signing below or by his/her electronic signature, Peer acknowledges that he/she has read and understands the above information and the contents of the Lawyers Helping Lawyers Policies and Guidelines and agrees to abide by the policies, guidelines, and standards set forth therein.

This Consent/Release/Acknowledgment shall remain in effect until revoked in writing by Peer and delivered to the Lawyers Assistance Committee by hand or by certified mail, return receipt requested; provided that the above release and indemnification shall survive any such revocation.

________________________________________
Signature of Peer

________________________________________
Name of Peer

________________________________________
Date

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