



MY CONSENT FOR PARTICIPATION IN THE COVID SUPPORT GROUP

- I agree and consent to participation in this support group for COVID workers.*

By checking this box above, I indicate that I understand that this will be a supportive group experience with some of my peers, guided by a professional counselor. I understand that this program is not a counseling session although it is designed to be therapeutic. No medical records will be kept of our contact, and we do not have a therapist-patient relationship. If I am in significant distress, I understand that the counselor may appropriately make a referral. I understand that I'm free to leave the program at any time I choose. I understand that there is no fee for this service, but donations to support the nonprofit organization Gratia Plena are always welcome.

I agree to keep confidential for the sake of other group members, what I hear in this group setting. I understand we may use first names only and limit identifying information. Gratia Plena workers also agree to keep confidential what we discuss in these meetings according to our regular privacy practices. I understand that I may receive a copy by email of Gratia Plena's privacy practices if I wish. I agree to discuss this further with Gratia Plena workers if I have any questions about this consent.

- I wish to receive a copy of Gratia Plena's privacy practices via email.*

Date

First Name

Last Name

Phone Number

Email

Signature

Please complete and return this form to: info@gratiaplenacounseling.org