



## Participation Consent Form

My signature below indicates that I have read and understand the information concerning confidentiality and description of services, and my consent is given for services to be provided to me.

**Description of Services:** I understand that Calm Waters **does not provide counseling**, but is a program that provides emotional support while working through the natural grieving process. I am also aware that the group facilitators are trained volunteers and not professional counselors. Calm Waters provides a training course that each facilitator is required to attend. It is my understanding that the *Calm Waters program is for children, families and young adults whose lives have been changed by death, divorce or other major life disruptions*. During the support groups, discussions may include background information, talking about areas of my life that may cause me emotional pain, all for the purpose of trying to develop new and effective methods of coping with problem areas in my life.

**Confidentiality:** All services rendered and all information obtained is kept confidential by Calm Waters staff and cannot be released without your permission. You need to know however, that there are special situations under which confidential information could be revealed such as:

1. A "Duty to Warn" and "Duty to Protect" ethic requires Calm Waters staff & facilitators to break confidentiality when a danger exists to a group participant, their family, others, or property.
2. Under very special circumstances, the court may subpoena a participant's records, and may order our staff to give testimony during a court hearing. \*\*

**Participation:** I hereby agree to participate in the Calm Waters program.  
(Please print)

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Signature

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(Date)

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Printed Name

**\*\*Calm Waters does not provide therapy groups, nor keep records concerning group sessions.**

***The only records we have are intake records provided by participants and these are kept for one year only.***