

# **General Informed Consent**

## **Community Grief Support**

**Community Grief Support** (CGS or “the agency”) is a 501 (C) (3) nonprofit organization which provides grief counseling and education to bereaved adults in the Birmingham metropolitan area. CGS accomplishes this through provision of support groups, counseling, and community education programs. The agency does not provide psychiatric and/ or other intensive (or extensive) mental health services. CGS programs and services are funded by grants and donations from foundations, businesses, congregations, and individuals (friends and alumni), and are provided free of charge.

### **Facilitators**

CGS support groups are facilitated by alumni volunteers, licensed mental health professionals, and/ or clergy. Counseling is provided by licensed mental health professionals or individuals in the process of attaining licensure (the latter are supervised by the Clinical Director). All facilitators have experienced loss and have attained varying degrees of training in bereavement care. Most volunteers have participated in our support group program.

### **Counseling**

CGS offers short and intermediate-term individual, couples, and family bereavement counseling with referral for longer term counseling as needed. Counseling is a collaborative process between the counselee and counselor – one in which both work together to define the process and goals. After conducting an initial information-gathering session, the counselor will make recommendations concerning frequency and number of sessions required to facilitate movement toward goals, and possible areas of exploration. Counselees are encouraged to discuss with their counselor any concerns which they may have about their counseling process, including the decision to discontinue counseling. Counseling may lead to a lessening of distress, an increased understanding of problems and how to resolve them, and improved functioning. Since bereavement counseling frequently involves accessing, understanding, and expressing one’s grief, a counselee may experience an intensification of distress prior to feeling better.

Our agency provides service to individuals contending with death-related loss. Because of limited staffing and resources, CGS is not equipped to provide individuals with the longer term counseling which is needed to address complicated grief – bereavement grief made more complex by the presence of multiple, additional stressors: acute and longstanding mental health concerns (including substance abuse), and depression and anxiety resulting from medical disability, chronic relationship, career and financial problems, early childhood traumas and losses, and the like. We can provide referral to other counseling providers for those individuals contending with complicated grief.

### **Cancellation Policy**

Counselees who are unable to attend scheduled counseling appointments are asked to provide CGS with 24 hours’ notice so that appointment times can be made available to others. Failure to provide notice of cancellation and/ or frequent cancellations (late or otherwise) may result in termination of the counseling relationship.

**Confidentiality**

Counselees are entitled to confidentiality of communications. This includes all verbal and written information concerning involvement with CGS. This information may not be released without a counselee’s prior written consent. Exceptions to confidentiality include: the legal duty to protect persons threatening harm to self and/ or others, and to warn the latter of such behavior; the legal duty to report to proper authorities any knowledge of abuse to minors and vulnerable adults; and compliance with Alabama State Law regarding court ordered subpoenas or court testimony. Counselee information may be shared with other agency staff (including volunteers) directly involved in the care of counselees. Counselees receiving services from psychiatrists and other mental health providers may be asked to sign Release of Information forms granting provider(s) and CGS permission to exchange relevant clinical information for coordination of care. Support group peers are encouraged to maintain confidentiality but are not mandated to do so.

**Emergency Services**

CGS is concerned about any mental health emergencies which counselees are experiencing which require immediate attention, though the agency is not equipped to respond to these on an after-hours basis. In the event of after-hours emergencies, we recommend that counselees contact the Crisis Center of Birmingham (205-323-7777) or the nearest hospital emergency department for assistance.

**Grievance Procedure for Professional Services**

Questions or concerns about your participation in CGS programs are welcomed. Grievances relating to services received may be communicated to our Clinical Director or our Personnel Committee Chairperson with correspondence mailed to the appropriate party via CGS.

**Donations Welcomed and Encouraged**

While CGS provides services free-of-charge, donations to help support the work of our agency are welcomed and encouraged (the market value of a fifty-minute counseling session is \$100 and the market value of a 1.5-hour group session is \$50).

I have read and understood the CGS General Informed Consent guidelines. It is my understanding that my CGS counselor or support group facilitator will review this document with me during our first counseling or group session, will respond to any questions I might have about the policies and procedures contained therein, and will provide me with a copy of this Informed Consent. My signature indicates that I consent to these guidelines and grant CGS permission to render service to me. By signing I am also permitting the agency to utilize my contact information – mailing address, e-mail address, and phone number – to apprise me of agency events (community education programs, service updates, fundraisers, and the like).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

CGS staff members have my permission to leave messages concerning counseling appointment changes and related matters (please initial preferences):

Voicemail \_\_\_\_\_ Text Messaging \_\_\_\_\_ Encrypted E-Mail \_\_\_\_\_

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Signature

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Date

CGS has my permission to release the following to my support group peers should I elect to attend a group (please initial):

Phone Number \_\_\_\_\_ Mailing Address \_\_\_\_\_ E-Mail Address \_\_\_\_\_

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Signature

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Date