

Safe Haven

Healing Circles Informed Consent

Welcome to our virtual healing circles! We are so excited you are here! In order to ensure the emotional, mental, physical, and spiritual safety of the group please read and sign the following informed consent.

I, _____, agree to adhere to the following norms and expectations of this group:

- I will not discuss anything shared in the group with others outside of this group.
- I will strive to be on time and stay the entire session.
- I will notify the group facilitators if I am going to miss a session.
- I will be respectful of others' thoughts, emotions, and behavior.

It is essential that members know that whatever they say or how they act in the group remains in the group and that members will not discuss these things with anyone outside the group. I understand that this is the best way to create a safe and inclusive space where members can trust one another. I understand that the co-facilitators will break confidentiality under the following circumstances:

- Indications of harm to self or others
- Awareness of harm being done to child, elder, or a person with a disability

In signing this consent form, I indicate that I have carefully read and understand the Informed Consent Form and that I agree to its terms and conditions. I acknowledge that the co-facilitators have provided the opportunity for group members to discuss and ask questions about the importance and limits of confidentiality and the expectations of the group.

Student Signature _____ Date _____

Co-facilitator Signature _____ Date _____

Co-facilitator Signature _____ Date _____