



formerly HospiceCare of Boulder & Broomfield Counties

COMMUNITYCARE

Hospice | Supportive Services

Healing Circles Parent Agreement

1. I understand that Healing Circles provides emotional support and does not offer therapy. My family and I are here to join other participants in sharing our experiences of loss.

Please initial:

2. I understand the importance of continuity of the groups at Healing Circles. My family will attend the meetings regularly. Exceptions will be made for vacations away from home, illness, and family crisis.

Please initial:

3. As a participant you will frequently hear information of a confidential nature concerning other participants' lives. Confidentiality is based upon the basic right of privacy of the participants; it is our ethical obligation to honor this trust. I understand the importance of confidentiality and agree to keep information and experiences shared in group in the strictest confidence. All group members are encouraged to keep such information confidential, but Healing Circles cannot guarantee they will do so.

Please initial:

4. We at Healing Circles honor confidential except in the following instances:

Exceptions: Suicidal expression. Physical, mental, sexual abuse or neglect to a child or teen. If we have reason to be concerned about the drug and/or alcohol use/abuse of a child or teen, we reserve the right to inform parents. If information is ordered by the court, including a subpoena, we will attempt to contact you about this order. If you oppose the release, a court may nevertheless require compliance with the order. If we learn that someone participating at Healing Circles might commit an act of violence we will take steps to protect the intended victim against such danger by informing the police.

Please initial:

5. At times TRU Care uses case examples of children or teens and their families in conducting volunteer and professional trainings and in fundraising efforts. We may anonymously refer to your situation in those circumstances. The name of your child, teen or family will never be used without your specific written approval.

Please initial:

6. Although I/we understand that effort will be made by the staff of Healing Circles to make all of the healing circles activities and programs as safe as possible, if an injury occurs, I/we release the Healing Circles (TRU Community Care) and its staff from any and all responsibility or liability.

Please initial:

Name of Child/Teen _____

Parent Signature _____ Date _____