

## EMPOWERED RELIEF® CONSENT FORM

I, **[ClientName]**, hereby authorize **[PractitionerName]** to provide brief intervention via Empowered Relief®, a Stanford-developed single session intervention (or "class") that teaches core pain coping tools. I understand that the class is not therapy or a substitute for individualized mental health or medical treatment. The class includes a combination of clinician-guided exercises and educational content designed to deliver evidence-based pain management strategies in a condensed format.

I understand that while this class is intended to be beneficial, as with any intervention, there are inherent risks. Specifically, during class, there may be content presented by my facilitator or reactions from other participants that cause me to reflect on personal circumstances that bring up uncomfortable emotions such as anger, guilt, and sadness. The benefits of this self-management intervention can far outweigh the discomfort and can lead to benefits such as improved functioning, improved quality of life, better stress and emotion management, and reduced impact of pain on daily functioning. Benefits can also include improved personal relationships and reduced feelings of emotional distress. I acknowledge, however, that no warranty or guarantee can be made as to the results of my services with Alcove Mental Health LLC nor any of its individual providers. I also acknowledge that I may discontinue my participation in the class at any time, for any reason.

### ELIGIBILITY AND PARTICIPATION EXPECTATIONS:

By enrolling in this session, I acknowledge that:

- I have access to a stable internet connection and a device with audio and video capabilities, and I am familiar with how to utilize these to support my participation in a video-based class.
- I understand this is a group-based offering and will include other individuals who are coping with chronic pain. (Caregivers are also welcome to attend for support.)
- I reside in Nevada or a PSYPACT-approved state. Specifically, my state of residence is: \_\_\_\_\_.
  - I understand that if I live in any of the following states or territories of the United States, I am not eligible to receive care from Alcove Mental Health at this time: Alaska, California, Guam, Hawaii, Iowa, Louisiana, Massachusetts, Montana, New Mexico, New York, Oregon, Puerto Rico, and U.S. Virgin Islands.
- I will participate from a **single, safe location** (e.g., not driving or in transit).
- I will make an effort to minimize distractions for my own benefit, as well as the group's collective experience.
- I understand that if I am identified to be **in motion** (e.g., actively driving, a passenger in a moving vehicle) or **creating a significant distraction** during the session, I may be asked to turn off my video, reschedule, or leave the session.
- I understand that if I am **disruptive to the group**, I may be asked to leave the session. I understand that disruptions to the group are at the sole discretion of my group facilitator.

CONFIDENTIALITY WITH YOUR PROVIDER: I understand that as a licensed clinician, my class facilitator will adhere to the professional and ethical guidelines of their respective area of practice. I understand it is their role in a group intervention to foster a safe and respectful learning environment for all participants. While this class is not therapy, the provider will still uphold the following principles:

- Maintain confidentiality regarding participant disclosures **to the extent possible** in a group setting.
- Legal and ethical guidelines regarding **limits to confidentiality**. Specifically, I understand that if I disclose imminent risk of harm to myself or someone else or if my provider suspects the abuse or neglect of a child, older adult, or dependent adult while I am participating in the group, they are legally and ethically required to report to the appropriate authorities.

Possible exceptions to confidentiality include but are not limited to the following:

- abuse of any other person
- sexual exploitation
- AIDS/HIV infection and possible transmission
- criminal prosecutions
- child custody cases
- suits in which the mental health of a party is in issue
- situations where the therapist has a duty to disclose, or where, in the therapist's judgment, it is necessary to warn or disclose
- a negligence suit brought by the client against the therapist, or the filing of a complaint with the licensing or certifying board.

Additionally, I understand that my service provider will follow these guidelines specific to public settings and mutual connections:

- If my facilitator sees me out in the community, I understand they will not initiate contact in order to maintain my privacy (e.g., so that I do not have to explain who they are or how we know each other). (Note: your facilitator will happily respond if you initiate.)
- If I was referred by another client or mutual connection, I am under no obligation to disclose this to my facilitator or other group members. If my facilitator is aware of any mutual connections, they will not disclose this to anyone. Similarly, if I mention knowing another participant from a prior class or client in the clinician's care, I understand my facilitator will not be able to confirm or discuss that person's involvement in therapy.

CONFIDENTIALITY IN GROUP SETTING:

- I understand that I am participating in a class with other individuals and thus **confidentiality cannot be guaranteed** due to multiple participants.
- I agree to uphold confidentiality of other participants' identities and personal experiences and to not share these with others outside of the class. I understand this does not prevent me from sharing my own experiences and/or knowledge from class, afterwards.
- The session will **not be recorded** by the facilitator, and participants are also **prohibited from recording**.

If I have any questions regarding confidentiality, I will bring them to the attention of my provider. **By signing this Information and Consent Form, I am giving consent to the undersigned facilitator to share confidential information with all persons mandated by law.** I am also releasing and holding harmless the undersigned provider from any departure from my right of confidentiality that may

result.

PAYMENT: I understand that this class is offered on a "pay what you can" basis and I acknowledge I was provided with the opportunity to voluntarily choose from the following investment levels: \$0, \$25, \$50, and \$99. Payment for this course is *optional*, and no explanation is necessary or expected for the chosen level of investment. **All participants receive the same experience regardless of payment selection.**

LIMITATIONS OF THIS AGREEMENT:

- I understand that by agreeing to and/or attending this class, I am **not establishing an ongoing clinical relationship** with the class facilitator or with Alcove Mental Health. I understand that I am considered a class attendee, not a therapy client.
- I understand that should I choose to seek additional services with Alcove Mental Health at a different time, **separate consent and payment agreements will be required.**
- I understand that due to the group-based nature of this class and that participants may reside in multiple locations, I **cannot be provided with individualized referrals or recommendations** by Alcove Mental Health as a class attendee.

ACKNOWLEDGEMENT AND CONSENT: By signing below, I acknowledge that I have read and understand the information above. I voluntarily agree to participate in this Empowered Relief® session as a class attendee under the aforementioned terms.

_____	_____
Client Signature	Date
_____	_____
Therapist Signature	Date