

## EMPOWERED RELIEF® CONSENT FORM

I, **[ClientName]**, consent to participate in Empowered Relief®, a single-session, evidence-based pain management class developed at Stanford University and led by **[PractitionerName]**. I understand this class is not psychotherapy, nor a substitute for individualized mental health or medical care, and that other individuals managing chronic pain will be present in the class. The session includes clinician-guided exercises and education aimed at improving pain coping skills.

### Potential Risks & Benefits

I understand that while Empowered Relief® is designed to be beneficial, it may bring up uncomfortable emotions. Benefits may include improved functioning, reduced distress, and better pain-related coping. I may pause or stop participation at any time.

### Participation Guidelines

By enrolling, I acknowledge that:

- I reside in the United States and in a PSYPACT-participating state. (As of May 2025 this includes **all states** except: AK, CA, GU, HI, IA, LA, MA, MT, NM, NY, OR, PR, VI.)
- I have access to a stable internet connection and a device with audio/video.
- I will join class from a single, private location (not while driving or in transit).
- I will make a good-faith effort to minimize distractions.
- Disruptive or unsafe participation (at facilitator discretion) may result in removal from the session.

### Confidentiality

Your facilitator is a licensed clinician and will adhere to professional ethics, including the legal limits of confidentiality (e.g., risk of harm to self or others, abuse of a vulnerable person). While this class is not therapy, the facilitator will create a respectful, safe learning space.

As a participant in a group class, I agree not to share other participants' personal information outside the session. I understand that neither the facilitator nor participants may record the session.

### Fees & Access

This class is offered on a pay-what-you-can basis. Payment is optional and does not impact participation. All attendees receive the same experience regardless of chosen investment (\$0, \$25, \$50, \$75 or \$99).

### Scope of Relationship

I understand that attending this class does not establish an ongoing clinical relationship with

[PractitionerName] or Alcove Mental Health. Should I seek therapy or other services in the future, separate consent and intake processes will be required. Referrals and individualized follow-up are not provided as part of this one-time class.

## Acknowledgement and Consent to Participate

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 above-mentioned terms.

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Client Signature

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Date