

# Community Grief Support Service

1119 Oxmoor Road | Homewood, AL 35209 | 205-870-8667 | www.communitygriefsupport.org

**Confidentiality Notice:** The following data is sought for our internal records only. Information pertaining to a specific individual will not be disclosed to any outside source, but remains confidential. **Statistical information is necessary in obtaining funding to provide services and does not reveal your identity.** (updated: June 2013)

Title: Mr. / Mrs. / Ms. / Dr. / Rev.

Name: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Person (Name, address & phone number) \_\_\_\_\_

\_\_\_\_\_ (Relationship) \_\_\_\_\_

Are you employed? Yes or No

Retired? Yes or No

What is/was your occupation \_\_\_\_\_

Employer (if applicable) \_\_\_\_\_

Your Physician(s) Name & Contact Information: \_\_\_\_\_

Deceased Was Your: (Circle One) spouse child parent grandparent sibling other

If other, please explain: \_\_\_\_\_

Name of the deceased: \_\_\_\_\_ If spouse, how long married \_\_\_\_\_

Cause of death \_\_\_\_\_ Age: \_\_\_\_\_ Date of loss: \_\_\_\_\_

Former employer of the deceased \_\_\_\_\_

Previous losses & dates \_\_\_\_\_

Have you had any counseling? Yes or No Have you been part of a support group? Yes or No

If Yes, Please Explain: \_\_\_\_\_

Please provide a current or previous list of medications:

Are you having or have you had suicidal thoughts? \_\_\_\_\_

Have you ever attempted suicide? \_\_\_\_\_

How did you learn about CGSS? (Please include the name of the referral source.)

Pastor/Church \_\_\_\_\_ Hospice \_\_\_\_\_

Family Member \_\_\_\_\_ Physician \_\_\_\_\_

Employer \_\_\_\_\_

Other \_\_\_\_\_

Do we have your permission to thank the person/agency that referred you to us? Yes or No

If yes, please provide their contact information: \_\_\_\_\_

Please tell us how you hope we can help you: \_\_\_\_\_

# Community Grief Support Service: Informed Consent

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**COMMUNITY GRIEF SUPPORT SERVICE** (CGSS or the "agency") is a 501 (C)(3) nonprofit corporation organized for the purpose of providing compassionate grief education, guidance and support for bereaved adults in the Greater Birmingham Metropolitan area. CGSS accomplishes this through support groups, individual counseling, education, cooperation with community and faith-based groups, and other means. CGSS does not provide psychiatric, psychological or other mental health/ medical services. CGSS programs and services are funded by grants and donations from foundations, businesses, faith-based organizations, and caring individuals. Services are provided free of charge to bereaved adults in the Greater Birmingham Area.

## **FACILITATORS**

CGSS support groups and counseling are facilitated by Licensed Counselors and Certified Pastoral Counselors with specialized training in grief and bereavement care. Questions or concerns about your participation in CGSS programs are always welcome. Our counselors strive to keep abreast of developments in the field through continuing education.

## **VOLUNTEERS**

Trained volunteers assist with support group facilitation. Having themselves experienced the healing that our programs can provide, they volunteer to help others similarly situated. Volunteers generously give of their time and energy, receive no financial remuneration for their services, and participate in a training program developed by The American Association of Retired Persons and sanctioned by the CGSS Program Committee.

## **SUPPORT GROUPS**

Support groups provide educational, social and emotional support. Typically, participants are spouses, adult children, grandchildren, parents and siblings who have recently experienced bereavement – persons who share similar losses. Through learning and loving – listening and sharing – participants may come to understand they are not alone: Many others faced with similar heartache have survived and even grown. Strength and courage are gained from those who are navigating the grief journey with us, and from those who have traveled before us.

Our group facilitators work diligently to create a safe environment for sharing, and make use of curriculum materials written by experts in the field and by those who have experienced loss themselves. Personal experiences are shared by participants, though self-disclosure is always voluntary. While faith and values are respected, CGSS does not promote any religious doctrine. Participants render and receive support but do not expect peers to provide answers, fix problems or assume responsibility for others.

Support group "graduates" are encouraged to form "friendship groups" to extend the support and care derived from the group experience.

## **INDIVIDUAL COUNSELING**

CGSS offers short-term counseling when support groups are not available, and to help reduce the trauma of loss prior to group entry. Decisions regarding participation in support groups and private counseling are made by our Clinical Director. CGSS hopes that after a brief period of individual counseling (up to four sessions, when needed, with additional sessions approved by Clinical Director) our clients will transition into support groups. Referrals are available for those who desire or require longer-term counseling.

## **CONFIDENTIALITY**

Participants are entitled to confidentiality of communications. This includes all verbal and written information concerning involvement with CGSS. These may not be released without a client's prior written consent. Exceptions to confidentiality include: the legal duty to warn and protect persons threatening harm to self or others; 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/ court

testimony. Though support group participants are encouraged to maintain confidentiality, they are not mandated to do so. Client information may be shared on a "need-to-know basis" with other agency staff involved in the direct care of the client. Clients receiving services from psychiatrists and other mental health providers may be asked to sign a Release of Information form allowing the provider(s) and client's CGSS counselor to exchange clinical information for coordination of care.

**YOUR COMMITMENT TO CGSS AND TO PEERS**

Support group and counseling sessions are times specifically set aside for an individual's growth and healing. **Clients who are unable to attend a counseling session are asked to provide CGSS or their counselor with 24 hours advance notice so that the time can be made available to another in need.** CGSS also encourages support group participants to maintain regularity with regard to attendance in order to experience the full benefit of the curriculum. Participation in our programs is voluntary, however, and may be discontinued at any time. \_\_\_\_\_

INITIALS

**EMERGENCY SERVICES**

CGSS is concerned about any mental health emergencies which clients might have requiring immediate attention, though CGSS is not equipped to respond to them. In the event of emergency CGSS recommends that clients contact the Crisis Center (323-7777) or call on the nearest hospital emergency department for assistance.

**GRIEVANCE PROCEDURE FOR PROFESSIONAL SERVICES**

A copy of the CGSS grievance procedure is located in the CGSS central office waiting area and is also available upon request. We endeavor to provide the best quality of care to our clients. Concern about your care can be addressed with our Clinical Director.

I have read and understood the CGSS Informed Consent guidelines. My signature indicates that I agree to abide by them and am granting my permission for CGSS to render service to me:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SUPPORT GROUP RELEASE OF INFORMATION:**

CGSS encourages support group participants to share contact information with other members of their support group. We have found that sharing this information allows group members to offer support to each other during the interim between group meetings. This helps build group cohesiveness and provides a bonding that translates into an effective Friendship Group for ongoing support after the group concludes.

It is the agency's practice to release client contact information among group members during the 3<sup>rd</sup> week to other group members. It is your choice what if any information is shared at that time. Please checkmark below what types of information we may share with your group:

Mailing Address \_\_\_\_\_ Phone Number(s) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date