

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 Informed Consent

Community Grief Support (CGS or “the agency”) is a 501 (C) (3) nonprofit organization that provides grief education, guidance and support to bereaved adults in the Birmingham Metropolitan area. CGS accomplishes this through provision of support groups, counseling, and community education activities. The agency does not provide psychiatric and/ or other intensive (or extensive) mental health services. CGS programs and services are funded by grants and donations from foundations, businesses, faith-based organizations, and individuals. Services are provided free of charge.

Facilitators

CGS support groups are facilitated by alumni volunteers, licensed mental health professionals, and/ or pastoral counselors. Counseling is provided by licensed mental health professionals. All facilitators have experienced loss and have attained varying degrees of training in bereavement care. Most volunteers have participated in our support group program.

Counseling

CGS offers short-term individual, couples and family bereavement counseling with referral for longer term counseling, as needed. Counseling is a collaborative process between the counselee and counselor – one in which both work together to define the process and goals. After conducting an initial information-gathering session, the counselor will make recommendations concerning frequency and number of sessions required to facilitate movement toward goals, and possible areas of exploration. Counselees are encouraged to discuss with their counselor any concerns which they may have about their counseling process, including the decision to discontinue the process.

Your Commitment to CGS

Counselees who are unable to attend scheduled counseling appointments are asked to provide CGS with 24 hours’ notice so that appointment times can be made available to others. Failure to provide adequate notice of cancellation and/ or frequent cancellations (late or otherwise) may result in termination of the counseling relationship.

Confidentiality

Counselees are entitled to confidentiality of communications. This includes all verbal and written information concerning involvement with CGS. This information may not be released without a counselee’s prior written consent. Exceptions to confidentiality include: the legal duty to protect persons threatening harm to self and/ or others, and to warn the latter of such behavior; 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 or court testimony. Counselee information may be shared with other agency staff (including volunteers) directly involved in the care of counselees. Counselees receiving services from psychiatrists and other mental health providers may be asked to sign Release of Information forms granting provider(s) and CGS permission to exchange relevant clinical information for

coordination of care. Support group peers are encouraged to maintain confidentiality, but are not mandated to do so.

Emergency Services

CGS is concerned about any mental health emergencies which counselees are experiencing that require immediate attention, though the agency is not equipped to respond to these on an after-hours basis. In the event of emergency, we recommend that counselees contact the Crisis Center of Central Alabama (323-7777) or the nearest hospital emergency department for assistance.

Grievance Procedure for Professional Services

Grievances relating to services received may be communicated to our Clinical Director. Questions or concerns about your participation in CGS programs are always welcome.

I have read and understood the CGS Informed Consent guidelines. My signature indicates that I consent to these guidelines and grant my permission for CGS to render service to me.

Signature **Date**

I would also like for CGS to provide me with information via the USPS, e-mail, and/ or phone contact of agency events, such as community education programs, fundraisers, volunteer trainings, and the like.

Signature **Date**

CGS has my permission to release the following to my support group peers, and to facilitators and volunteers assisting with my group's facilitation (please initial):

Phone Number _____ Mailing Address _____ E-Mail Address _____

Signature **Date**