



Healing After Loss
Of a child

Group Rules and Confidentiality Contract for Support Persons

Please complete and sign the following consent for **each** support persons who will be attending group. Completed consent forms can be emailed to halohealthclinic@gmail.com.

1. HALO is designed to support parents after pregnancy loss, intrapartum loss, and subsequent pregnancies. The group is open to support persons, including partners, spouses, co-parents, etc.
2. Our group members come from a variety of diverse backgrounds – this is one of the many benefits of our group learning experience. We encourage you to be mindful of this when offering opinions. All members are encouraged to be open to hearing the opinions of other group members with a mindfulness that there are many different world views. We believe this is a beneficial part of this group and are hopeful that this will serve as an opportunity for members to bond and offer support to each other in a SAFE and supportive setting.
3. Group sessions are confidential. Members and leaders are bound ethically and legally not to disclose the contents of the sessions in any way that could identify members of the group. Remember, we are building trust and safety. The group facilitators are mandated reporters under the Federal Child Abuse Prevention and Treatment Act (CAPTA) passed in 1974. Confidentiality may also be broken if the facilitators believe you may be a danger to yourself or somebody else.

Addendum for Virtual Group Setting:

1. Virtual group should maintain the same level of privacy and confidentiality as in-person group. This means that only group participants should listen and participate in the group. Try to join group from a private room/space or wear headphones so that the group cannot be overheard by others.
2. Be mindful of what is posted or linked in the chat; help make other group members feel respected.

By signing below, I acknowledge that I have read and agree to abide by the group rules and confidentiality contract.

Signature

Date

Printed Name

Relationship to Patient

Please email the completed and signed contract to halohealthclinic@gmail.com prior to support persons attending group. Thank you!