

Informed Consent for Participation

Teen Networking Group

Purpose

This group is intended to help promote positive coping in adolescents with chronic illness through opportunities to participate in therapeutic activities and discussions with other adolescents who also have a chronic illness.

Attendance

It is expected that you will attend each group meeting. You are very important to everyone else's experience in the group, and if you are not there, the group does not benefit from your presence and perspective. Likewise, you might miss out on the opportunity to share and benefit from another group member's perspective. We work best when we all show up for each other. Six group sessions is the minimum requirement.

If you are unable to attend, you are expected to let the group leader know so that we know you are safe. If there is a pattern of intendance, you can expect to have a conversation with the group leader about the therapeutic requirement of attendance and you may be asked to leave the group.

Confidentiality

What you share with the group is important and will be treated with the utmost respect. You can expect that by participating in this group, Positive Coping for Adolescents with Chronic Illness, what you say will be kept confidential or private. It is also expected that you will keep what others share in the group confidential as well. By signing this form, you are agreeing to not share anything that is said within group to anyone who is not in the group. This will be something that we discuss and create rules for as a group.

There are some times when confidentiality needs to be broken. By law, if I believe that you or someone else is in danger, that you have the intention to harm yourself or someone else, or that a minor or elderly person is being abused, then I need to share that information with others. By signing this form, you are saying that you agree and understand the reasons why confidentiality must be broken. If a situation like this does arise, you can expect that only the necessary information will be shared, not everything you disclosed.

Group Rules

Help the group feel safe for everyone involved by:

- Showing up
- Respecting yourself and the other members
- Keeping what is said confidential. You may talk about what the group has done for you, but please do not share what others have said about themselves or their experiences.

Any questions, please ask! We will discuss this form and the rules it describes in detail during our first meeting, but we will be able to revisit this information at any time if necessary.

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I _____, have read and understand what is expected of my participation in the Teen Networking group, Positive Coping Skills for Adolescents with Chronic Illness. I understand that this group is intended to help support me in understanding how to cope with a chronic illness, to connect me with other teens who have similar life experiences, and that it works best when I attend regularly. I understand that there are no fees for participation in the group.

Signature of Parent/Guardian

Date

Printed Name

Signature of Group Member/Teen

Date

Printed Name



Parental Informed Consent for Participation

Teen Networking Group

I, _____ understand that my child will be participating in the Teen Networking Group, Positive Coping for Adolescents with Chronic Illness, under the direction of qualified Child Life Specialists, Julia Goff, MS, CCLS, and Erin Panzella, BS, CCLS, CIMI.

As part of their participation in this program, I understand that my child, _____ will receive information regarding coping with a chronic illness, but may also be exposed to discussions and content relating to teen development, sexuality, grief, loss, fears, and difficult peer relationships as they relate to adolescence in general.

I understand that I can contact group facilitators, Julia Goff, MS, CCLS and Erin Panzella, BS, CCLS, CIMI, at R-Teen-Networking-Group@Orlandohealth.com if I have questions or concerns regarding outcomes of the group or materials covered.

I understand there is no fee for this group, but that attendance is expected. The group will meet once per month, on Sunday nights, from 6-8PM in the Winnie Palmer Hospital for Women's and Babies multipurpose meeting room.

Signature of Parent /Guardian

Date

Signature of Group Leaders

Date

ORLANDO HEALTH

