

MALESURVIVOR WEEKENDS OF RECOVERY- STATEMENT OF INFORMED CONSENT

- I understand the Weekend of Recovery is structured as an experiential learning program and that my attendance and participation is entirely voluntary, and agree I have the ability to give informed consent to my participation.
- I understand that I may decline to participate during any part of the program, however agree to attend all small group sessions unless I specifically inform one of my small group facilitators I will not be attending. I am aware that at any time I need to, I can ask one of the facilitators to accompany me to the safe room or to another safe place where I can talk about what I am experiencing.
- I understand I may withdraw completely from the entire Weekend of Recovery at any time. If I do so, I agree that prior to leaving the facility, I will inform at least one of the facilitators of my small group, and agree to ensure with that facilitator my ability to safely leave the facility and return home.
- I understand that any personal information shared by me during my involvement in the Weekend of Recovery is at my sole discretion and that Weekend of Recovery facilitators are bound ethically to keep all disclosures confidential. I understand the facilitators of the Weekend of Recovery work as a team, and that in order to help facilitate the safety and ongoing recovery of all participants, it is necessary to share information among the team members and I do give permission to share such information within the team. I understand the facilitator team will empower all participants throughout the weekend to commit to confidentiality as well. I understand my confidentiality cannot be absolutely guaranteed by the facilitators or MaleSurvivor and I agree to hold them harmless in the event of any inadvertent or deliberate disclosure of my personal information by other workshop participants.
- I agree to hold in full confidence and not disclose to other persons any and all personal information shared by other participants, including names and professions, contact information, or the details of any participant's behavior during the Weekend of Recovery. I agree to respect the privacy of all participants in the Weekend of Recovery.
- I understand that the Weekend of Recovery facilitators are mandated by federal and state law to break confidentiality only if certain disclosures are made by me or other participants pursuant to active and current child abuse, elder abuse, or imminent threats of harm to myself or others. I have provided an emergency contact during the registration process and agree that in an emergency, that person and/or my therapist may be contacted.

I understand that I may begin participation in this Weekend of Recovery only by giving my informed consent as indicated by my signature below. I agree to adhere to the program safety guidelines, which will be established on Friday with my ability to fully participate in the drafting of these safety guidelines. I understand as a part of the guidelines is a requirement to refuse to use alcohol, street drugs, or any non-prescribed medications during the weekend. I also understand the purpose of this weekend is to encourage me to make social and emotional connections with the other participants. To honor this purpose and to keep the weekend safe, I agree to have no sexual or romantic contact with any other participant during the weekend. If I find myself unable to follow any safety guideline, I agree to talk with one of the facilitators to get assistance as soon as possible. I understand that I may be asked to leave the Weekend of Recovery for willful disregard of the guidelines and /or the safety and well-being of myself or others. I understand the facilitator team will do everything possible to avoid such actions, however, if necessary, they will do everything possible to facilitate my safe departure.

- I have had an opportunity to ask the facilitators any questions I have about this Weekend of

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Recovery prior to my participation and my questions have been answered to my satisfaction.

- I understand that I have the right to question and refuse to participate in any experiential activity I may be asked to participate in during the weekend. I understand the facilitators may challenge and support me in risking activities which may be uncomfortable.
- I understand committing to participate in this weekend includes the possibility I will have the choice of taking part in personally and emotionally challenging activities. As a result, I understand I may or may not benefit from either taking part in these challenging activities, or choosing not to. I understand the team of facilitators is committed to helping me learn from these choices, and will be willing to help me process any reactions I have.
- I understand that the purpose of this Weekend of Recovery is to provide the participants with opportunities for personal exploration, creative expression and social interaction with other like-minded individuals. This Weekend of Recovery is **NOT** to be construed as psychotherapy or psychiatric services, and I understand that my participation **does not** establish a formal therapeutic relationship between the participants and any facilitator during the weekend or when the weekend is over. I acknowledge I have been encouraged to discuss my participation with my current therapist (if applicable) and that my current therapist has been asked by MaleSurvivor to provide a letter of support for my participation. If I do not have a therapist, I acknowledge I have been encouraged to identify people I can speak to following the weekend about my experience here. I understand MaleSurvivor and the facilitator team make no guarantees about the benefits I will receive from my participation.
- At the end of the weekend, each facilitator is bound by the ethical standards of their profession, which preclude the formation of personal friendships between therapists and clients. MaleSurvivor is committed to helping you build community with other survivors, and we invite you to explore the opportunities within the organization to work together toward forwarding our mission. I understand that once the weekend is over, it will be my responsibility to process any reactions, feelings or information I learn with my own support team.
- I understand I will receive a signed and dated copy of this Statement of Informed Consent.

By my signature below, I agree MaleSurvivor and the facilitator team shall be held harmless in any actions taken by me, whether personal, professional, social, or economic as a result of implementation of any concepts, theories, or advice provided during this Weekend of Recovery or any time thereafter in perpetuity. I have voluntarily signed this **Statement of Informed Consent** prior to participation in the Weekend of Recovery, and certify that I have read and fully understand the content herein. I voluntarily agree to take part in this Weekend of Recovery and I assume full responsibility for my actions and involvement in the entire program.

Signature of Participant

Date

Printed Name of Participant

Date of Birth

Printed Name and Signature of Staff Person Obtaining Consent

Date