



CONSENT FOR TREATMENT – GRIEF SERVICES

- Grief services are provided at no cost to the consumer. Our program's expenses are offset by generous community donations.
- Grief counseling provided by Four Seasons is time-limited for the purpose of addressing grief that is related to the loss of a person by death. Our professionally trained counseling staff utilize well established, proven techniques. You and your counselor will devise a plan to address your specific needs.
- Four Seasons maintains strict confidentiality practices prescribed by HIPAA. In most circumstances no information related to your care will be disclosed without your written and signed consent. There are three circumstances in which confidentiality cannot be guaranteed: (1) when we believe that you intend to harm yourself or another person, (2) when we believe a child or an elderly person has been, or will be, neglected or abused, and (3) in the rare circumstance when ordered by a judge to release information.
- A copy of Four Season's Privacy Policy has been provided to you for your review and is available to you at any time.
- Your signature indicates that you understand and agree with the above information, that you willingly and of your free will engage in grief counseling with Four Seasons, and that you are aware that you may terminate services at any time.

Printed name of individual to receive counseling services

Date of birth

Signature of individual to receive counseling services, or legal guardian

Date of signature

Signature of Four Seasons' staff member



The Care You Trust

GRIEF SERVICES CLIENT DEMOGRAPHIC DATA

Date: _____

Full Name: _____

Date of birth: _____

Address: _____
Street City State Zip

Primary Phone: _____ Secondary Phone: _____

Email Address (optional):

Name of Deceased: _____

Date of Death: _____

Your Relationship to the Deceased: _____

Referred to Four Seasons by (Check one): Self Other: _____