

# CONSENT FORM

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## Request for Care and Consent for Provision of Services

I \_\_\_\_\_ request and authorize Transitions GriefCare to provide family illness education  
(please print)

and support, pre-bereavement and/or bereavement services for the following (check each that applies):

Myself

My child(ren) | Name(s) of child(ren): \_\_\_\_\_

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## Information About Services

I understand that Transitions GriefCare provides short-term grief support and counseling. Bereavement counselors refer to community mental health professionals when there are complicated grief concerns or other mental health needs that may benefit from closer monitoring or long-term counseling.

In the event that I am unable to attend a scheduled appointment or group session, I agree to call Transitions GriefCare staff at least 24 hours in advance. (Staff can be reached by calling 919.719.7199.)

In the event I have more than one missed appointment, I understand I may not be able to be rescheduled.

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## Confidentiality and Privacy Practices

**I have received a copy of Transitions LifeCare's Notice of Privacy Practices.**

I understand that the content of my counseling sessions with the staff of Transitions GriefCare will be kept confidential, except under the following conditions:

- I have given written authorization for the release of information.
- In instances where the counselor believes I am at risk of harming myself or others.
- When there has been an indication or report of physical or sexual abuse of a child or older adult.
- When clinical records are subpoenaed by a legal entity.

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## Emergencies

Transitions LifeCare's business hours are 8:30am to 5:00pm Monday through Friday. I understand that in urgent situations requiring immediate services, I can call:

- 911
- Hopeline: 24 hour crisis line at 919.231.4525

*I have read and understand the above information and have had the opportunity to ask questions. I understand I may revoke my consent in writing at any time, but action taken by Transitions GriefCare before that time will remain covered by this form.*

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Client Signature (or parent/guardian's signature if client is a minor)

Date

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Authorized agent and reason (if applicable)

Date

*Please bring this form with you to your first appointment.*

Transitions GriefCare | 250 Hospice Circle, Raleigh, NC 27607 | 919.719.7199