BLOSSOM FORWARD AND MARK'S MISSION NICU SUPPORT GROUP CONSENT, POLICIES & AGREEMENT

Informed Consent: I understand that this is a free support group hosted by Blossom Forward and Mark's Mission, created to connect peers and provide a safe space for women with children in the NICU or women with children who are NICU graduates going through similar experiences. While support groups can be therapeutic, I understand that this is not group therapy. This support group is not meant to replace a relationship with a licensed mental health counselor to address mental health needs and/or concerns.

NICU Support Group Rules and Expectations:

- 1. Support Group Attendance: Attendance is available to anyone 18 years of age or older and completely voluntary.
- 2. Confidentiality and Its Limitations The general rule for support groups are that group members are prohibited from disclosing anything that is shared in the meetings. This includes divulging the identity of members who were present. Confidentiality also extends to the personal data of the members. If collected, their names, addresses, phone numbers and email addresses must be protected. Some members may be comfortable sharing their contact information, but this should always be left to their discretion.
- 3. Limitations to Confidentiality: Attendee expresses intent to harm themselves or others, suspected child abuse or neglect, suspected elder abuse or neglect, suspected abuse of a disabled individual.
- 4. Group Etiquette: This support group is in an open forum format. Support group attendees have flexibility to discuss topics about their experiences as it relates to the NICU, parenting, parenting preemies, life after the NICU, and any other topic related to the experiences of this group in order to build a support network, feel less alone, receive emotional support from peers, etc. It is expected that support group members listen without interruption, respect others' opinions, avoid side conversations, and be accepting of differences.

I indicate that I have read carefully and understand the NICU Support Group Informed Consent, and I agree to its terms and conditions. I have asked and answered any questions I have concerning the Support Group. I am aware signing the Agreement is required for my admission to the group. I am also aware that my refusal to sign this Agreement will exclude me from participating in the group.