

Virtual Social Butterflies Group for Caregivers Consent Form

I, _____ hereby provide consent for _____
(Print Full Name of Caregiver/Guardian) Client's Name (Child's Name)

to participate in Boomerang Health's Virtual Social Butterflies Group for Caregivers.

Please place a checkmark next to the statement(s) below that you are in agreement with:

<input type="checkbox"/>	I am aware of that the group being completed virtually and understand the inherent risks of virtual care
<input type="checkbox"/>	I agree that I have received information about the nature of the group and the expected outcomes
<input type="checkbox"/>	I am aware that a health record was created for my child and that all of his/her records are confidential
<input type="checkbox"/>	I have been informed about how to access Boomerang Health's privacy policy (on the website)
<input type="checkbox"/>	I understand that Boomerang Health will not share any information about my child with outside parties without my written consent (e.g. school, physician, community programs without my written consent)

Please read and initial next to the policies below that you are in agreement with:

<input type="checkbox"/>	After each group session, an invoice will be provided for the session that was attended. If a session is missed, we are not able to issue an invoice for that date. We can only issue invoices for services that have been rendered.
<input type="checkbox"/>	We will be taking photographs and videos as part of our group programming. These will be used as reflective exercises and will not be used outside of the group or shared with anyone else.

Name of Caregiver/Guardian _____

Signature of Caregiver/Guardian _____

Relationship to Client (Child) _____ Date _____
Month Day Year