



## INFORMED CONSENT FORM

Name (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I understand that this is a conference presenting an understanding of the human person based on the teachings of the Roman Catholic Church; examining God's original design for humanity, the effects of sin in our lives and the healing power flowing from the Cross. The conference naturally delves into human suffering and the content may unexpectedly trigger painful memories or thoughts related to my own personal wounds and/or trauma. While it is not required, there will be opportunities to receive the Sacrament of Reconciliation and to pray with others for the spiritual gifts of healing. There are no guarantees to any specific type of healing; however, we are confident that those who come with an open heart will see fruits of God's grace.

For whatever reason, I understand that I am free to leave teaching or experiential sessions at any time. There will be no pressure to participate in any element of the retreat. My choice to not participate in a certain aspect of the week will not preclude me from partaking in any other activities. Moreover, I can ask for prayer and support at any time over the course of the week.

I understand that most of the prayer ministry facilitators are volunteers and while some (not all) may have professional licenses and/or may be ordained ministers; their involvement here is strictly from a ministry perspective. My meeting with them does not constitute the provision of medical services, health services nor psychotherapy and such time for receipt of prayer is not guaranteed and may be limited.

While some of the presenting team members are healthcare providers, I understand that no patient-provider relationship or psychotherapy services are being provided as part of this course. While the team members agree to keep the strictest of confidentiality in our communications, with the exception of priest-penitent privilege in the Sacrament of Reconciliation, these communications may not possess any privilege under Florida law that would be present if there was a doctor-patient relationship. While we will make every effort to keep your disclosures confidential, these may be compelled under the appropriate legal processes. It is particularly important for me to acknowledge that I have been told and understand that, under Florida law, if I should disclose to any person providing services related to this seminar that my behavior is at risk of placing a child, mentally ill person or vulnerable adult at risk, or that I am aware of such information, this will be disclosed to the appropriate authorities by law and church policies. Other risks to self or others may also have to be disclosed for my protection or that of others.

I further understand that if I am under the care of, or receiving treatment from, any medical or mental health care professional, I will not modify or terminate any treatment I am receiving or that is prescribed from such medical or mental health care professional, including any therapy or medication, without first consulting with that medical or mental health care professional. I understand that should I modify or terminate any treatment I am receiving or that is prescribed from any medical or mental health care professional, including any therapy or medication, with or without first consulting with that medical or mental health care professional, I do so at my own risk and hold those providing prayer or other services related to this retreat (including, but not limited to the provider where the event is taking place, John Paul II Healing Center, its staff, and volunteers) harmless for any injury or damage suffered as a result of my decision. I understand that if I am currently taking any medication or operating under the advice of a professional service, I will allow them (my medical doctor, therapist, counselor, etc.) to confirm any fruits of prayer (i.e., changes in my medical/mental health status) before altering any prescribed course of action. I understand that this form and all data recorded on it is the sole property of John Paul II Healing Center. All content will be held in confidence for the sole purpose of ministry to the above.

I understand that photographs and videos may be taken with film cameras and/or digital cameras and consent to such photographs/video of myself as well as subsequent publication in media including, but not limited to, the following: internet, newsletter, newspaper, and/or periodical.

I attest that I have read and fully understand the contents of this document:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date