



JOHN PAUL II Healing Center

Transformation in the Heart of the Church

INFORMED CONSENT FORM

Name (please print): _____ Date of Birth: _____

I understand that this event presents an understanding of the human person (anthropology) and theology based on the teachings of the Roman Catholic Church. The material may include topics on suffering, sin, trauma, personal wounds, etc. There may be optional opportunities to receive the Sacrament of Reconciliation and to receive various forms of prayer ministry. I understand that the John Paul II Healing Center cannot guarantee that I will receive healing.

I also understand that I am free to leave at any time, including teaching or experiential sessions. My choice to not participate in any particular activity does not preclude me from partaking in other activities.

If individual prayer ministry is offered by the John Paul II Healing Center, I understand that all prayer ministers are volunteers. While some may be professionally trained in the helping professions, I understand that they are not functioning in a professional capacity. Ministry by Center staff or volunteers does not constitute the provision of medical services, health services or psychotherapy and is not guaranteed.

While some of the presenting team members may be healthcare providers or have professional training, I understand that no patient-provider relationship or psychotherapy services are being provided. While the team members agree to keep the strictest of confidentiality in our communications, these communications may not possess any privilege under state or federal law governing provider-patient relationships (with the exception of priest-penitent privilege in the Sacrament of Reconciliation). I acknowledge and understand that if I disclose to any staff or volunteering that my behavior is at risk of placing a child, mentally ill person, or vulnerable adult at risk, or I am aware of such information, that this information will be disclosed to the appropriate authorities in accordance with applicable state law and church policies. I further understand that if staff or volunteers believe that I am a risk to myself or others, they may also have to be disclose that information for my protection or others.

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, including, but not limited to, therapy or medication, without consulting with that medical or mental health care professional. I agree to hold harmless John Paul II Healing Center staff and volunteers for any injury or damage suffered as a result of any decision to change my medical treatment without the consent of my medical provider.

I agree to hold harmless those providing services related to this event (including, but not limited to the host site, John Paul II Healing Center, volunteers or vendors) from any and all claims, injury, loss or damage to my personal property, liabilities and costs, as a result of my participation in this event, including travel to and from the event (including air travel) and any activities incidental to this event.

I understand that photographs and videos may be taken for promotional purposes, with film cameras and/or digital cameras, and I consent to such photographs/videos 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