Teen Talk Support Group Parent/Guardian Permission form

Teen Talk is a NAMI Racine County peer support group. It is not group therapy. It is a group where high school aged young people with mental health issues can give and receive support to maintain mental health, work towards recovery, and discuss issues related to life and mental illnesses. The group is facilitated by adults who have passed a background check and are successfully working toward recovery or have a certification in a mental health related field.

The group will be a safe place for the young person to express any thoughts, feelings or ideas they have without fear of repercussions. Facilitators will respect this philosophy unless there are reports from the participant of harm to self or to others.

Primary Parent contact information:

First and last Name:							
Address:				_ City:			<u>, WI</u> Zip:
Phone Number: Home ()_		_ Work ()		_ Cell ()	
e-mail:							
Emergency contact who can r	espond promptly in an e	mergency i	f parent can	not be reached:			
First, Last Name & Relationsh	ip						
Phone Number: Home ()_		_ Work ()		_ Cell ()	
By signing this form you give p	permission for the youth	to participa	ate in the Te	en Talk support	group.		
		_					
Print Participant Name				Date			
Print your name				Signature			

Confidentiality Guidelines

Your confidentiality is important to us. In our support groups, what is said here, stays here, with the following exceptions, as required by ethical standards:

- 1) Harm to self or others. This could include things like a suicide attempt or plan, cutting or other self-injury, eating disorders, addictions, physical violence, illegal behaviors, threats, etc. anything that puts your health or someone else's health and safety at risk.
- 2) Abuse. If you talk with us about abuse and we believe you or another minor is in danger, this may be reported.
- 3) Court or other legal proceedings. By law, if we are subpoenaed (required by law to attend a hearing or other court proceeding), we cannot guarantee that your information will be kept confidential. We will always do our best to reveal as little as possible in a legal setting, but we must cooperate with the police, Child Protective Services, and the courts.

I have read and understand NAMI Racine County's confidentiality guidelines and exceptions. I agree to follow these guidelines and will not discuss what is said in the group, tell anyone who belongs to the group or share information about the group on social media.

Participant signature	Date
 Parent signature	 Date