

Participant Informed Consent

You have selected to participate in Mental Health Matters' training. Please take time to read the following information carefully so you understand what is involved. If there is anything that is not clear, or if you would like more information, please contact CoraLyn Turentine, cturentine@indianamhm.com.

COURSE PROCEDURE AND DATA COLLECTION

Upon successful completion of the Surviving to Thriving training, you understand your name and email address will be added to the Mental Health Matters database if requested. Mental Health Matters will reach out to you to follow-up on the usefulness of the training, as well as with additional opportunities to continue learning. At the end of this training, you will be asked to complete an evaluation to help us improve the training for others. The instructors will provide it to Mental Health Matters as part of its data collection efforts. This information will be collected confidentially.

VOLUNTARY PARTICIPATION AND REFUND POLICY

Your participation is voluntary. You may withdraw at any time with no repercussions or harm to your relationship with Mental Health Matters. No refunds will be issued for failing to attend or failing to complete a session. Mental Health Matters is not liable for fraudulent registrations or payments.

RISKS

There is some risk for mild distress while learning about trauma during the training, especially if you or a person close to you has experienced a mental health challenge. If you feel upset, you may leave the room at any time, and you may also seek help or guidance from one of the instructors. A Mental Health Matters instructor will be available to provide support if needed, on-site or after the training. Resources for mental health services in your area will be provided.

CONFIDENTIALITY

All training data is private. Data will be safely stored in a secure database. During the course of the training, participants may wish to share personal information. You agree to respect the confidentiality of the trainers and fellow trainees throughout the training and not to discuss any shared personal information with people outside of the training classroom. While the expectation of the trainers and fellow trainees is that all participants will honor this request, there is a risk that if you choose to share personal information it may be repeated outside of the classroom by another participant.

MEDIA CONSENT

I hereby give Mental Health Matters, their assigns, licensees, and legal representatives the irrevocable right to use my name, picture, photograph, portrait, visual likeness, or voice in all forms and media in all manners, including photo, film, audio, and video representations, for public and for-profit purposes, and hereby waive any right to inspect or approve the finished product that may be created in connection therewith. I have read this release, and am fully familiar with its contents.

CONTACT INFORMATION

If you have any questions regarding Mental Health Matters, please contact Sarah Foster, sfoster@indianamhm.com, or CoraLyn Turentine at cturentine@indianamhm.com.

CONSENT

By joining the Zoom meeting, I confirm that I have read the information in this consent form and have taken the opportunity to contact Mental Health Matters with any questions. I may request a copy of this consent form. I voluntarily agree to take part in this training.