GGN LEGAL AND POLICIES · L07 · SOMATIC CERTIFICATION

Somatic Grief Support Client Informed Consent and Release

Updated and harmonized consent and release form practitioners use with clients.

Template for review by a licensed attorney before use. This is a GGN template, not legal advice. Bracketed items such as [GGN LEGAL ENTITY NAME] must be completed. Laws differ by state and country.

Issued by	[GGN LEGAL ENTITY NAME], doing business as The Global Grief Network
Applies to	Clients of GGN Certified Somatic Grief Support Practitioners and practicum trainees
Effective date	October 26, 2026
Last updated	[LAST UPDATED DATE]
Governing law	[GOVERNING STATE: Colorado, placeholder because GGN is based in Fort Collins, Colorado; attorney to confirm]
Version	1.0 (GGN Legal and Policies set, October 2026)

Updated version. Checked against the existing GGN Informed Consent and Release and harmonized with the center-wide set: wording about licensed professions updated, confidentiality limits aligned with the Confidentiality and Mandated Reporting Limits Notice, trainee disclosure added, and a governing law placeholder added. Replaces GGN_Informed_Consent_and_Release. The Practitioner is an independent professional; GGN provides this template but is not a party to the client relationship.

1. Parties

Client name _____

Client date of birth _____

Client phone and email _____

Practitioner name _____

GGN credential number (or "Trainee") _____

Practitioner business name (if any) _____

Practitioner contact _____

2. Nature of services

The Practitioner offers non-clinical grief support. This may include compassionate listening, general grief education, gentle body-based practices for steadiness such as grounding, gentle breath awareness, and gentle movement, remembrance rituals, group facilitation, and help connecting with other resources. Every practice is an invitation, and I choose whether to take part.

Initials: _____

3. Not a license, not clinical care

- The GGN Certified Somatic Grief Support Practitioner credential is a professional development certificate from The Global Grief Network. It is not a state or national license.
- Grief support is not mental health treatment, counseling, psychological services, medical care, massage, or bodywork, and it does not replace them.
- The Practitioner does not diagnose, treat, or cure any condition and does not give advice about medications.
- If I have, or think I may have, a mental health or medical condition, I am encouraged to see a licensed professional. Grief support can continue alongside that care.

[If applicable: The Practitioner also holds a license as a _____ in _____ (license number _____). Any clinical services are provided separately under that license and a separate agreement.]

Initials: _____

4. Trainee disclosure (practicum only)

☐ The Practitioner is a GGN trainee completing a supervised practicum. Sessions are free. The trainee may discuss sessions with a GGN supervisor without identifying details.

5. Touch-free practice and right to stop

GGN somatic grief support is touch-free. The Practitioner will not touch me. Any self-touch is optional. My participation is voluntary, and I may decline any practice, pause, or end services at any time without giving a reason.

Initials: _____

6. Benefits, risks, and alternatives

Benefits are not guaranteed. Talking about loss and noticing the body can bring up strong emotions, memories, or sensations, and breath or movement practices can occasionally cause lightheadedness or discomfort. I will tell the Practitioner right away if I feel unwell. Alternatives include care from a licensed mental health professional or my doctor, peer support groups, faith or spiritual care, and self-guided resources.

Initials: _____

7. My health and responsibilities

I will share health information that may affect my participation, to the extent I am comfortable, follow my own healthcare providers' advice, tell the Practitioner if I am working with another provider, and not attend sessions under the influence of alcohol or non-prescribed drugs.

8. Confidentiality and its limits

What I share is kept private, except where the Practitioner believes in good faith that disclosure is needed or required: serious and imminent risk of harm to me or someone else; suspected abuse or

neglect of a child, an elder, or an at-risk adult where the law requires a report [Attorney: list the duties that apply where the Practitioner and client are located]; a court order or other legal process; supervision or consultation without identifying details; or a GGN ethics review. See the GGN Confidentiality and Mandated Reporting Limits Notice.

Records: brief factual notes stored securely for [NUMBER] years, then destroyed securely. I may ask to see them.

Initials: _____

9. Online sessions

For sessions online or by phone, the Practitioner will use [PLATFORM], confirm my location at the start of each session, and call me at the number below if the connection drops. No online service is completely secure. Laws differ by location, and the Practitioner may be unable to serve me in some places.

Backup phone number _____

10. Recording

☐ I do not consent to any recording.

☐ I consent to recording for supervision only, stored securely and deleted within [30] days after review.

Nothing that identifies me will be shared publicly, including on the GGN Memory Wall, GGN streaming and broadcasting, or Grief Talk Magazine, without my separate written consent, such as the GGN Photo, Video, and Testimonial Release.

Initials: _____

11. Emergency plan and crisis resources

Need help now? In the United States, call or text **988** (988 Suicide & Crisis Lifeline), any time. In an emergency, call **911**. Outside the United States, contact your local emergency number or crisis line, or visit findahelpline.com.

The Practitioner does not provide emergency or crisis services. If I am in crisis during a session, the Practitioner may stay with me, contact emergency or crisis services for my location, and contact my emergency contact.

Emergency contact name and relationship _____

Emergency contact phone _____

My usual location for sessions _____

12. Fees, release, and governing law

Fees: [PRACTITIONER FEES AND CANCELLATION TERMS]. To the fullest extent the law allows, I release the Practitioner and The Global Grief Network from claims arising from my voluntary participation,

except claims arising from gross negligence, willful misconduct, or anything that cannot be released by law. This form is governed by the laws of [PRACTITIONER'S STATE; Colorado for Colorado practitioners], subject to attorney review.

Initials: _____

CLIENT

Signature _____

Printed name _____

Date _____

PRACTITIONER

Signature _____

Printed name _____

Date _____

Electronic signatures and copies have the same effect as originals. In the fillable PDF, typing your full name in the Signature box is your electronic signature. [Attorney: confirm e-signature process.]

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