



Informed Consent Form for Recovery Support Services Access to Recovery (Anishnaabek Healing Circle Program)

I _____, consent to participate in recovery support services offered by the _____ Print
Participant Name

Access to Recovery (Anishnaabek Healing Circle Program) I understand that these are services offered to support my recovery, help me avoid relapses, and promote my overall functioning and well-being, I understand that these are not professional services by a treatment provider, mental health counselor, or other professional, and that I may seek professional services also should I choose to do so.

I understand that my participation in this service is voluntary, and I have the right to terminate my participation in the service at any time without negative consequences.

I understand that I may be subject to certain risks as a consequence of my participation in this service including:

- My issues/problems could be beyond the expertise of the provider.
- Potential for mental anguish and/or reoccurrence of a mental condition.
- Potential for relapse and/or destabilization
- Public disclosure may expose me to stigma and discrimination.

I also understand that the organization is taking the following steps to help protect me from those risks:

- Provide verbal and written notification of potential risk associated with participation in the program.
- Maintain referral network and be capable of providing referrals to professional service organizations for help when necessary.
- Establish and continually promote norms that support self-care.
- Provide ongoing training, supervision, and support for peer leaders who provide recovery support services.
- Provide on-going written communication about voluntary participation.
- Maintain anonymity in publication and public arenas.

If I have any question about this recovery support service, I understand that I may contact: Donelda Harper, Inter-Tribal Council of Michigan at 1-800-562-4957.

Participant: By signing below, I hereby agree to participate in the above-described evaluation.

Signature of Participant

Date Signed

Signature of Other Person Legally Authorized to / Title or Relationship To Individual

Date Signed

Witness

This consent is effective as of the date of signing. It may be revoked in writing at any time. This consent will expire 24 months from the data of signing if not revoked before then.