

## CLIENT CONSENT FOR USE OF SUPPORTIVE TOUCH DURING ADMINISTRATION SESSION

### Instructions:

Clients have the option of allowing a facilitator to use supportive touch during their administration session. Facilitators may provide supportive touch when requested by the client and with the client's prior written consent. Clients participating in group sessions may also authorize other clients to use supportive touch. Clients who chose to have a client support person acting as an observer, may authorize the observer to use supportive touch. **Supportive touch is limited to hugs or placing hands on a client's hands, feet, or shoulders. All other forms of touch are prohibited during an administrative session. Clients may withdraw their consent to use supportive touch at any time during the administration session.**

Client Name:

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Facilitator Name(s):

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Service Center Name:

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Date of Administration Session: \_\_\_\_\_

**Please select whether you consent or do not consent below.**

I consent to allow the facilitator(s) identified above to use the following types of supportive touch during my administration session:

- ☐ Hugs
- ☐ Placing hands on hands
- ☐ Placing hands on feet
- ☐ Placing hands on shoulders

**OR**

☐ I **do not** consent to allow the facilitator(s) identified above to use supportive touch during my administration session.

I consent to allow the observer attending my administration session to use the following types of supportive touch during my administration session.

- ☐ Hugs
- ☐ Placing hands on hands
- ☐ Placing hands on feet
- ☐ Placing hands on shoulders

**OR**

☐ I **do not** consent to allow the observer attending my administration session to use supportive touch during my administration session.

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**If participating in a group administration session, please select whether you consent or do not consent below. If you are NOT participating in a group administration session, please skip this section.**

I consent to allow the other clients to use the following types of supportive touch during my group administration session.

- ☐ Hugs
- ☐ Placing hands on hands
- ☐ Placing hands on feet
- ☐ Placing hands on shoulders

**OR**

☐ I **do not** consent to allow the other clients to use supportive touch during my group administration session.

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**By signing this form, I acknowledge that I have reviewed and completed this form in coordination with a psilocybin services facilitator prior to participating in an administration session.**

\_\_\_\_\_  
Client Name (Print)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**By signing this form, I acknowledge that I have reviewed and completed this form with the client prior to the client participating in an administration session.**

\_\_\_\_\_  
Facilitator Name (Print)

\_\_\_\_\_  
Facilitator Signature

\_\_\_\_\_  
Date