Mindfulness-Based Stress Reduction
The Mindfulness Lab
Department of Psychology
Humboldt State University

*Please read the following statements and sign at the end.

Acknowledgement

MBSR is an empirically supported, educational, and experiential training. MBSR is not intended to replace medical or psychological treatment.

It is taught in a group format. Attending an eight week MBSR course requires a commitment to attend all eight classes, including a retreat in the sixth week. In addition, participants are assigned home practice requiring at least forty-five minutes of practice each day between the weekly classes. It is recognized that the mindfulness practices may at times make participants feel vulnerable.

I understand that it is my responsibility to let the MBSR teacher know of my concerns, and when necessary seek appropriate treatment. I assume all risk for any physical or mental consequences of participating in this MBSR program. My MBSR teacher may advise me to seek medical and psychological treatment as a part of continuing in the MBSR program, or even require me to discontinue with the MBSR course.

“I read and understood the above statements.”

_________________________       _________________________       _____________________
Print your name                              Signature                                           Date (mm/dd/year)
Dear Prospective Participant,

Thank you for your interest in the program. The information you provide will be confidential and only used for considering the fit between the MBSR program and your needs. Upon receiving this form, I will notify you and may invite you for an interview.

**Name:**

**Gender:**

**DOB:**

**Major:**

**Age:**

**Year:**

**Email:**

**Phone #**

*Please answer the following questions.*

Are you 18 years old or older?    YES _______    NO _______
(You must be at least 18 years old to participate in the program.)

Are you able to attend the program on the following days/times in spring 2019?
   Saturdays 9:00 – 11:30 am      YES _______    NO _______
   (The tentative start date is Feb. 9 and it will last for 8 weeks. You must be able to attend all 8 sessions to participate in the program.)

   Sunday for a retreat (Date/Time TBD)        YES _______    NO _______
   (You must be able to attend a retreat to participate in the program.)

Are you able to register for research credit (PSYC 495 or 695) for the program in spring 2019?
   YES _____   NO _____
   (You must be able to register for the course to participate in the program.)

Alcohol/Recreational Drug use/frequency:

_____________________________________________________________________________________
_____________________________________________________________________________________
History of substance abuse (if relevant):

_____________________________________________________________________________________

Are you currently under medical treatment or supervision?  Yes: _____  No: _____
If yes, please explain:
_____________________________________________________________________________________

Are you currently undergoing therapy for mental health reasons?  Yes: _____  No: _____
If yes, please explain:
_____________________________________________________________________________________

Do you have thoughts of ending your life?  Yes: _____  No: _____
What do you care about most?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
What do you hope to gain from the MBSR program?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Is there anything else that you might want me to know about you?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Thank you for taking the time to fill in this form!
CONSENT FOR RECORDING FORM

This is to verify that you have agreed to allow the Mindfulness Lab to record the Mindfulness-Based Stress Reduction session 5. A digital (video and audio) recording will be made primarily of the teacher, but it is possible that your voice or likeness may also be recorded. The recording will be stored securely on a computer. The purpose of recording is to ensure the integrity of the program as well as the training of the teacher. The recording will be reviewed by the mentor, Susan Woods, MSW, LICSW. This is completely voluntary and up to you.

You have read the above description and give your consent for recording as indicated above.

_________________________________          __________________________________        ________________________
Print your name                                   Signature                                                  Date
CONSENT FOR INFORMATION SHARING FORM

This is to verify that you have agreed to allow the teacher to share your situation with other members of the group if you end up dropping out of the class or miss a class. The purpose is to appropriately inform other members who may get concerned about you. The teacher will ensure to only disclose information that is necessary. This is completely voluntary and up to you.

You have read the above description and give your consent for information sharing as indicated above.

_________________________________          ___________________________________        ________________________
Print your name                                   Signature                                                  Date