



**PUBLIC HEALTH DIVISION
CENTER FOR HEALTH PROTECTION
Oregon Psilocybin Services**
<http://oregon.gov/psilocybin>

Client Consent for Other Individuals to be Present During an Administration Session

Instructions: Use this form to document a client's consent to allow individuals, other than the facilitator who conducts the preparation session, to be present during the client's administration session.

Client Name: _____

Facilitator Name: _____

Service Center Name: _____

Date: _____

I, _____, consent to
the following:

- Other licensed facilitators, other than the facilitator reviewing this form, who will facilitate client preparation, administration, or integration sessions.

List other facilitators who will facilitate client preparation, administration, or integration sessions.

- Interpreters or client support persons identified in the client support person plan who will be present during the administration session.

List interpreters or clients support persons and the accessibility support they will be providing to the client.

- Training program practicum students and instructors, if the client administration session will be observed for training program practicum.

List practicum students and instructors who will be present for the client administration session if the administration session will be observed for practicum.

- Other facilitators that will be present during group administration session.

List facilitators who will be present during group administration session and date of administration session.

- Other clients present during a group administration session.

List other clients that will be present during a group administration session.

--

- For group administration sessions, interpreters or client support persons identified in other client support person plans.

List interpreters and/or client support persons identified in other client support plans.

--

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