

Consent for Group Therapy Participation

I acknowledge that I have been informed about the nature, purpose, risks, and benefits of participating in group therapy sessions. I understand the importance of confidentiality and the expectations for respectful behavior within the group.

I consent to participate in group therapy sessions facilitated by the therapist. I am aware that group discussions are confidential, but complete confidentiality cannot be guaranteed due to the presence of other group members.

Full Name:

Signature:

Date:

Submit