

# Consent Form for Focus Group

## Chronic Illness Management Discussion

We invite you to participate in a focus group about chronic illness management. Please read the information below and indicate your consent to participate.

### Purpose

### Procedures

### Voluntary Participation

### Risks and Benefits

### Confidentiality

### Contact Information

### Consent

I have read and understood the above information. I voluntarily agree to participate in this focus group.

Full Name

Date

Signature

Email (optional)