

Art Therapy Group Session Consent Form

This form is to obtain your voluntary consent to participate in art therapy group sessions. Please read the following information carefully and fill in the required fields.

Participant Information

Name:

Date of Birth:

Phone:

Email:

Consent & Acknowledgements

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I have read and understand the benefits and risks of participating in group art therapy sessions.

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I understand that what is shared in the group sessions will remain confidential, except where disclosure is required by law.

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I understand that my participation is voluntary and I may withdraw at any time.

Additional Comments or Concerns:

Signature:

Date:
