

# Group Counseling Consent Form

## Participant Information

**Full Name**

**Date of Birth**

**Email**

**Phone Number**

Purpose and Nature of Group Counseling

Confidentiality

Group Rules and Expectations

Risks and Benefits

Voluntary Participation and Withdrawal

Questions and Contact Information

Consent and Signature

**I have read and understood the information above and consent to participate in group counseling.**

**Participant Signature**

**Date**