

Group Therapy Behavioral Health Consent Form

Participant Information

Full Name

Date of Birth

Contact Information

Group Therapy Consent

I acknowledge that group therapy involves sharing personal information in a group setting. I understand that confidentiality is an important part of group therapy. I agree to respect the privacy of other members and not disclose any information discussed during sessions.

- ☐ I agree to maintain confidentiality.
- ☐ I voluntarily consent to participate in group therapy.

Risks and Benefits

I have been informed of the potential risks and benefits of participating in group therapy. I understand that group therapy may involve discussing sensitive topics that can cause emotional discomfort. I also understand that group therapy can provide support and personal growth.

- ☐ I acknowledge that I understand the risks and benefits discussed.

Questions or Concerns

If you have any questions or concerns, please detail them below:

Signature

Participant Signature

Date

