

Informed Consent Form for Group Therapy

This informed consent form is intended for individuals participating in group therapy sessions. Please read the following information carefully before signing.

Purpose of Group Therapy

The primary purpose of group therapy is to provide a supportive environment for members to share experiences, gain insights, and foster personal growth under the guidance of a licensed therapist.

Benefits of Participation

- Opportunity for self-reflection and personal development
- Learning from others with similar experiences
- Access to collective support in a safe setting

Risks of Participation

- Emotional discomfort when discussing personal topics
- Potential conflict or disagreement with group members
- Limits to confidentiality within a group setting

Confidentiality Guidelines

- Group members are expected to keep all discussions confidential.
- Therapists will not disclose member information unless legally required (e.g., risk of harm).
- Confidentiality cannot be absolutely guaranteed due to the group format.

Your Rights as a Participant

- You have the right to participate, decline to share, or withdraw at any time.
- You may speak privately with the facilitator about any concerns.
- You have the right to respectful and safe treatment by all participants.

Voluntary Participation

Your participation is voluntary. You may choose to leave the group at any time without penalty or loss of benefits to which you are otherwise entitled.

Contact Information

If you have questions or concerns about this group therapy, please contact the group facilitator:

- Name: _____
- Phone: _____
- Email: _____

Consent

I have read and understood the information provided above. I consent to participate in group therapy under the terms described.

Name (print): _____

Signature: _____

Date: _____