



Consent to Group Treatment and Oath of Confidentiality

Group therapy is designed to learn new skills and explore patient's difficulties in a safe environment with others who may experience similar struggles. The group will be facilitated by a qualified mental health professional who will assure the experience is appropriate to the group participants. By signing below, you agree to enter the process of group therapy. During this time, please feel free to address any questions or concerns with the group facilitator.

In any group it is essential that there be a sense of trust among all participants in order to facilitate open self-expression. With that in mind, your signature below indicates your willingness to maintain all information, which is shared in group by other participants in the strictest confidence, and to expect the same consideration from the other group participants for yourself.

Patient Name

Patient Signature

Date