



Crossroads Counseling Center, Inc.

[address]
[phone no/fax no]

**Group Sessions
Confidentiality and Participation Consent Agreement**

Client Name: _____

Participant Confidentiality Agreement (as appropriate for his/her age group):

I, as a group session participant, understand the importance of confidentiality and agree that any information shared by group members remains in the group and is not to be shared with anyone outside of the group.

Client signature

Date

Parent Agreement (if required):

I give consent for my child to participate in a group session as part of his/her services. I understand participation may involve daily and/or weekly sessions and will include other individuals receiving the same or similar services. Group-work allows the client to work on his/her treatment goals in a social setting.

Parent/Legal Guardian signature

Date