

# Consent to Participate in Group Visit

**Richmond /Tom  
Powers Health  
Center**

**Date:** \_\_\_\_\_

Type of Group:  Khmhu  Mien

1. I agree that I will respect the feelings and opinions of others when they are different from my own.
2. I will not discuss with others outside the group any information shared inside the group.

|    | Participant's Name | Signature |
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Interpreter:

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Group facilitator(s):

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