

# MASCULINE IDENTITY AND SKILLS GROUP INTAKE & INFORMED CONSENT

Erik Elsberry, MA, LMFT  
erik@authenticrootstherapy.com | 612.234.1064

## Participant Information

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_

## GROUP OVERVIEW

This group is a skills-based group focused on learning, practicing, and applying interpersonal, emotional, and relational skills. It is not psychotherapy and does not establish a therapeutic relationship. Participation is voluntary and not a substitute for therapy.

## GROUP DETAILS & LOGISTICS

Thursdays 11:30–1:00 (Central Time). Other times may be available—contact Erik.  
Virtual via HIPAA-compliant Zoom.  
\$25/session. Payment due prior via Venmo @Erik-Elsberry.

## GROUP STRUCTURE

Each 90-minute session includes check-in, psychoeducation, discussion, and application.  
Structured but flexible.

## GROUP TOPICS

Emotional awareness, communication, relationships, dating, anxiety, anger, confidence, masculinity, boundaries, co-parenting, loneliness, sexuality, purpose.

## FACILITATOR ROLE

Erik Elsberry, MA, LMFT is a licensed therapist. Within this group, his role is skills-based only. Participation does not create a therapeutic relationship.

## ELIGIBILITY

Requires brief consultation. Participation approval and continuation determined by facilitator.

## GROUP EXPECTATIONS

Respect others, avoid harmful language, take responsibility, and contribute to a safe environment.

## CONFIDENTIALITY

Confidentiality expected but not guaranteed. Legal limits include risk of harm, abuse, or court order.

## TELEHEALTH AGREEMENT

Join from private location, no recording, protect confidentiality, maintain stable connection.

## FEES & CANCELLATION

\$25/session. Payment required prior. 24-hour notice required. Late/missed sessions charged.

## LIMITS OF RESPONSIBILITY

This is not a crisis service. Participants responsible for their own safety. Contact 911/988 if needed.

### GROUP CULTURE AGREEMENT

- Don't be an asshole
- Respect others
- Use correct names and pronouns
- Maintain confidentiality
- Speak from personal experience
- Avoid fixing or diagnosing
- Show up and be present
- Be honest, even when uncomfortable

### FORM SUBMISSION

Completed forms can be emailed to [erik@authenticrootstherapy.com](mailto:erik@authenticrootstherapy.com) or texted to 612.234.1064.

## ACKNOWLEDGMENT & CONSENT

Participant Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

612.234.1064 | [erik@authenticrootstherapy.com](mailto:erik@authenticrootstherapy.com) | [authenticrootstherapy.com/erik](https://authenticrootstherapy.com/erik)