Effectiveness of a Trauma-Focused Group Program within a Collaborative Stepped-Care Model in Primary Care

Title: **Trauma-Focused Group Therapy for Adults With Trauma-Related Symptoms in Primary Care**

NCT number: **NCT07757334**

Date: **August 22, 2026**

Informed Consent

The patient .....,

holder of National Identity Document (DNI) No. ....., acting in his/her

own name and interests.

DECLARES THAT:

I have received information about the project: **"Effectiveness of a Trauma-Focused Group Program within a Collaborative Stepped-Care Model in Primary Care"**, for which I have been provided with an information sheet attached to this document and in which I have been invited to participate. I have understood its meaning, my questions have been answered, and the actions arising from my participation have been explained to me. I have been informed of all aspects relating to confidentiality and data protection concerning the processing of personal data involved in the project, as well as of the safeguards adopted in compliance with Spanish Organic Law 15/1999 on the Protection of Personal Data.

My participation in the project is entirely voluntary, and I have the right to withdraw from it at any time by revoking this consent, without such withdrawal having any adverse consequences for me in any way. In the event of withdrawal, I have the right to have my data deleted from the study database.

Therefore,

GIVES CONSENT TO:

Participate in the project **"Effectiveness and Feasibility of a Trauma-Focused Group Program within a Collaborative Stepped-Care Model in Primary Care."**

Allow Mr. Estévez Cachafeiro, as Principal Investigator, to process my personal data and disseminate the information generated by the project. It is guaranteed that my identity and privacy will be protected at all times, in accordance with the safeguards established under

Spanish Organic Law 15/1999 on the Protection of Personal Data and its supplementary regulations.

Allow all records concerning me to be retained electronically, subject to the legally established safeguards and retention periods, where applicable, and, where no statutory retention period is specified, for as long as necessary to fulfil the purposes of the project for which the data were collected.

In _____, on the _____ day of _____, _____.



Participant's Signature

Principal Investigator's Signature