

Trusted Therapy
1030 Johnson Rd # 323
Golden, CO. 80401
303-709-5897
www.trustedtherapy.com

Consent and Disclosure Agreement for Healthful Life MD Virtual Support Groups

Tonya McFarland, PsyD
Licensed Psychologist, CO #3156

Informed Consent for Healthful Life MD Support Groups

Dr. Tonya McFarland is a licensed psychologist and will be facilitating the support groups. These support groups will be offered once monthly through Healthful Life MD. The purpose of Healthful Life MD virtual support groups is to provide psychoeducation and support. These support groups are not to be considered therapeutic in nature, as they only provide support and education. If you are wanting therapy, referrals to mental health providers can be provided. The support groups will be provided using a HIPAA compliant virtual video platform, such as Zoom.

Fee Structure

All fees for the support group will be disclosed and agreed upon through Healthful Life MD prior to the start of the support groups.

Electronic Records

All records and documentation associated with the support groups will be held by Healthful Life MD. Healthful Life MD uses Dr Chrono which is a HIPAA compliant electronic medical records program. If you would like a copy of your records, please contact Healthful Life MD.

Confidentiality

All group members agree to maintain confidentiality of the information and discussions disclosed during the support groups. What we discuss during the support groups and individuals' experiences will not be shared outside of the support groups. There are exceptions to this confidentiality, some of which are listed in section 12-43-218 of the Colorado Revised Statutes and Federal Statutes. Examples include: if there was a serious threat of harm to yourself/others, a court order requiring information be released, reporting any suspicion of child abuse, and threats to national security or a public location. In these specific situations, or others that apply to the statutes, the minimal amount of information needed will be disclosed.

By signing this statement, I am agreeing that I have read the preceding information and understand the nature and purpose of the support groups, understand that I am not

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participating in a therapeutic relationship, agree to maintaining confidentiality, and that Dr. McFarland is facilitating these groups in partnership with Healthful Life MD.

Print Client's name

Client's or Responsible Party's Signature

Date