

# Tara Gilmaher, MA, MFA, CCHt, (ABD) LMFT #121152

Psyche and Soul Tending, Depth Psychotherapy, Marriage and Family Therapy

Somatic, Attachment, De-colonializing, Numinous, Relational, Energetic, LGBTQIA, Trauma Responsive

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NPI # 156 875 9827

Tax I.D. 85-3165574

## Group Confidentiality, Consent, and Participation Form

The therapeutic relationship is confidential and information about you may not be given to any person outside of the therapy meeting room unless you provide written consent or by court subpoena. Additionally, there are 3 exceptions to confidentiality; 1) Tara Gilmaher, LMFT #121152 is continuing her analytic training. Tara may discuss your case with Dr. Kristi Walsh, Psychoanalyst, or other teaching analysts. Therapist participates in professional case consultation. Therapist may discuss your case without disclosing personally identifiable health information in consultation with professionals also bound by professional confidentiality rules specific to their licensure. All mental health professionals are also legally and ethically responsible for reporting (requiring or allowing disclosure) the following: 2) if you are a danger to yourself or others (including identifiable threats to specific persons, places, or events) and 3) if there is suspicion of child abuse, elder abuse, or dependent adult abuse.

Group therapy is considered a therapeutic relationship, and the rules regarding confidentiality listed above apply. Also, by participating in group therapy, you are agreeing to respect the privacy and confidentiality of the other group members and may not discuss anything that is discussed during the group counseling session outside of the group's sessions. Tara Gilmaher, LMFT #121152, nor any colleague with whom therapist may consult, will be responsible for breaches of confidentiality by group members. Confidentiality breaches may be addressed within group sessions. The therapist that facilitates the group may terminate your participation if you violate the confidentiality of another group member.

Therapist(s): Tara Gilmaher, LMFT #121152

### Informed consent:

I agree not to disclose information shared within this group outside of the group. \_\_\_\_\_ Initials  
I will attend all meetings of this group from start to finish. If I cannot, I will give 1 month notice to give the group and myself time to process my termination. If I cannot attend a group session, I will call the therapist(s) that facilitate(s) the group before the start of the session that is going to be missed. \_\_\_\_\_ Initials

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I understand that this group is NOT a replacement for individual therapy. If issues arise that are not suitable for the group's process, I may benefit from individual therapy sessions for which there is a fee. \_\_\_\_\_ Initials \*\*continue to page 2.

For those currently in individual therapy: I have consulted my therapist about starting group therapy with Tara Gilmaher, LMFT #121152. My therapist understands that I am participating in group therapy and she/he is in agreement with my decision and ability to participate.

\_\_\_\_\_ Initials

My therapist's name is:

\_\_\_\_\_ his/her/their phone number: \_\_\_\_\_

I have read and I understand all of the above information and signing below acknowledges this.

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Patient's Name

Patient's Signature

Date

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