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Group Participation and Private Health Information (PHI)

Patient name: (First) _____ (Last) _____

Date of birth: ____/____/____

I, _____, agree to participate in the 1-Year Comprehensive Weight Loss Program with my physician individually and with other patients in a group setting.

- I have read and understand the LaRocca Medical Weight Loss Notice of Privacy Practices
- I understand that the group coaching video calls and the community platform are intended to supplement my individual care and that, during such group sessions, I will meet with a group of patients as well as my provider/doctor.
- I understand that I am not required to participate in the group sessions or community platform to receive my health care treatment. I understand that I have the option to be seen by my provider/doctor individually rather than in a group visit.
- I understand that, during the group sessions and sharing in the community, it is likely that I may disclose personal health information to the other participants. This information may include, but is not limited to, my medical conditions, results of laboratory studies, medications and other treatments, and food planning.
- I understand that Dr. Kristine LaRocca under no circumstances will disclose my personal health information.
- I understand that, during group sessions, I may obtain the health information of other patients. I agree that I will keep the information private and confidential.
- LaRocca Medical Weight Loss will obtain each participant’s agreement to maintain confidentiality; I understand, however, that once my information is disclosed in a group visit, LaRocca Medical Weight Loss has no ability to prevent the information from being redisclosed by the other participants.

I have read, understand, and agree to the above statements and wish to voluntarily participate in the 1-Year Comprehensive Weight Loss Program, including group sessions and community platform.

Patient’s Name (printed)

Date

Patient Signature
(or signature of person with authority to consent for patient)