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(305) 936-1002
South Florida & New York Tri-State Area
Telepsychology Across PSYPACT States

2026 Holding Space Virtual Perinatal Support Group for Women Registration Forms

Please forward forms via fax (305) 936-1022 or email to groups@mailppa.com

First Name_____ Last Name _____Date_____

Age_____ Birthdate:_____ Birthplace_____

Home Street Address_____

City_____State_____ Zip Code_____

Best contact number(s): _____

Email Address:_____

Occupation: _____

Emergency contact name and relationship: _____

Emergency contact phone number/email address: _____

How were you referred to our practice?:_____Are you new to our practice?: ☐ Yes ☐ No

5 Week Virtual Sessions - Starting the week of September 29th

Program Information: Each 60-minute session includes education, guided discussion, and supportive peer connection centered on the realities of the perinatal journey. Whether you are expecting, newly postpartum, or adjusting to life as a new mother, *Holding Space* is designed to help you feel seen, supported, and understood.

Please note that a minimum of 4 participants is required to begin the group, with a maximum of 8 participants to ensure a supportive and engaging experience. Early registration is encouraged, as spots tend to fill quickly. Babies are warmly welcomed. If you are unable to attend, please inform us in advance. After two consecutive missed sessions, your reserved spot may be offered to another participant.

The group will meet virtually via RingCentral every Tuesday at 10am, beginning September 29th, 2026 until October 27th, 2026 (5 sessions total).

Holding Space 2026 Program - Registration Form (page 2)

PERINATAL HISTORY

If Pregnant

How many weeks along are you?: _____ Due date :_____

Was the pregnancy planned? ☐ Yes ☐ No

Have you had any pregnancy or birth complications (medical or emotional)? ☐Yes ☐ No

Explain: _____

Feeding experience (if applicable):

☐ Breast/ Chestfeeding ☐ Bottle feeding ☐ Combination

Any challenges ? _____

Number of Pregnancies (including current if applicable): _____ Number of Living Children:_____

Children (if any):

Name: _____ Age:_____

Name: _____ Age: _____

Name: _____ Age:_____

Name: _____ Age:_____

If Postpartum

How long has it been since your delivery? (Weeks/Months): _____

Were fertility support or treatments utilized? _____

_____

Who is a part of your care team?

Name : _____ Specialty: _____ Phone: _____

Name : _____ Specialty: _____ Phone: _____

Name : _____ Specialty: _____ Phone: _____

Have you suffered any losses? (miscarriage, stillbirth, etc.): _____

Previous Perinatal Mood or Anxiety Disorder: ☐ Yes ☐ No

Describe: _____

_____

Holding Space 2026 Program - Registration Form (page 3)

Perinatal Support Group Participant Agreement & Guidelines

Purpose of the Group

This online support group provides education, discussion, and peer support for women navigating pregnancy, postpartum, or early parenting. The group is designed to foster connection and understanding among mothers. It is not psychotherapy and does not establish a therapeutic relationship. Participation should not replace individual mental health treatment.

Structure & Format

- Each 60-minute session includes approximately 20 minutes of education and group guidelines, followed by 40 minutes of open discussion or "talk time."
- The group will begin once at least four participants are registered and will be capped at eight to maintain an intimate and supportive environment.
- Sessions are held virtually via a secure RingCentral video link. Cameras are required during introductions to ensure safety and a sense of connection among members.

Attendance & Drop-In Policy

Consistent attendance is highly encouraged, as regular participation supports personal growth, relationship-building, and the overall group experience. While we encourage participants to attend all scheduled sessions, we understand that schedules and circumstances may vary. Participants may register for the full 5-session series for $200 or attend individual sessions on a drop-in basis for $50 per session. Drop-in participation requires a brief screening prior to attending to ensure that the group is an appropriate fit for the participant and that their participation will be beneficial to both the individual and the group.

If you are unable to attend a scheduled session, please email groups@mailppa.com in advance to notify the office.

Confidentiality

Confidentiality is essential to creating a safe, respectful space. The facilitator maintains confidentiality within legal and ethical limits; however, confidentiality among participants cannot be guaranteed. Members are expected to respect one another's privacy and not share identifying details or personal stories outside the group. Recording sessions is strictly prohibited.

Limits of Confidentiality

Confidentiality may be broken if:

- A participant expresses intent to harm themselves or others
- Abuse or neglect of a child, elder, or vulnerable adult is disclosed
- Disclosure is required by law or court order

In such cases, the facilitator may take necessary steps to ensure safety, including contacting emergency services or appropriate support.

Informed Consent & Boundaries

Participation is voluntary, and members may withdraw at any time. This group is not a substitute for individual psychotherapy, psychiatric care, or crisis services, and outcomes cannot be guaranteed. Facilitators do not provide emergency or between-session contact through this group and reserve the right to remove participants whose behavior disrupts safety or group cohesion. Facilitators are mandated reporters and legally required to report concerns of abuse, neglect, or imminent risk of harm.

If you are experiencing a mental health crisis, please contact 988 (Suicide & Crisis Lifeline) or the Postpartum Support International Helpline (1-800-944-4773). Facilitators may offer individual services separately; inquiries can be made at 305-936-1002.

Technology & Virtual Participation
The group meets via the RingCentral video platform. Participants are responsible for joining from a private, quiet location. While reasonable efforts are made to protect confidentiality, no virtual platform is entirely risk-free. By participating, you acknowledge the inherent privacy limitations of virtual communication.

Facilitator Role
The facilitator guides discussions, provides psychoeducation, and maintains group boundaries. Their role is supportive and educational—not diagnostic or treatment-based. Participants are encouraged to seek individual therapy for ongoing or deeper mental health needs.

In Closing
We ask all members to commit to the following:

- I will treat others with kindness and respect.
- I will attend the groups I schedule.
- I understand this is not a crisis service.

This group is not intended for individuals currently processing the details or trauma of pregnancy and/or infant loss.

Acknowledgment & Agreement
By signing below, I acknowledge that I have read, understood, and agree to the terms outlined in this Participant Agreement. I understand the nature of the group, the limits of confidentiality, and my responsibilities as a participant.

Signature: _____ **Date** ____/_____/_____

Participant's 's Name:_____

Fees and Payment Options for this Program:

Consistent attendance is highly encouraged, as regular participation supports personal growth, relationship-building, and the overall group experience. While we encourage participants to attend all scheduled sessions, we understand that schedules and circumstances may vary.

Participants may register for the full 5-session series for **$200** or attend individual sessions on a drop-in basis for **$50 per session**. Drop-in participation requires a brief screening prior to attending to ensure that the group is an appropriate fit for the participant and that their participation will be beneficial to both the individual and the group.

If you are unable to attend a scheduled session, please email groups@mailppa.com in advance to notify the office.

In order to provide adequate staffing and preparations, please note that cancellation less than 24 hours prior to a session and no show or missed days will not be refunded or credited.

Please initial one:

_____ I will pay $200 by credit card for the full series ($200)

_____ I will pay $50 by credit card for a drop-in fee ($50)

Below is my credit card information.

Name on Card _____

I authorize Pediatric Psychology Associates to charge my credit card as follows:

Type of Card: □ Visa □ MasterCard □ AMEX Expiration Date _____

Credit Card Number _____ - _____ - _____ - _____, CVV Number ___ _____

Card Holder's Billing Address for Credit Card Statements

_____

Street City State Zip

PLEASE SIGN- Signature _____ Date ___ /_____ /____