

CHA Group Visits Consent Form

Group visits are shared medical appointments, where patients with similar medical conditions have an appointment as a group. Each patient's participation is strictly voluntary. You decide what you wish to share with the group or if you would prefer to share privately with the provider team.

Group information is Confidential and should be kept private.

Because group visits involve patients disclosing private medical and social information, all participants in a group visit – including the patient and any accompanying family members – must agree to respect the privacy and confidentiality of all participants.

Your insurance may charge you a co-pay for a Group Visit.

Payment for group visits is handled in the same manner as payment for traditional medical appointments. By participating in a group visit, patients assume responsibility for the cost of the medical services provided and any co-pays required by your insurance plan.

Telehealth group visits present new challenges where additional cautions should be followed. To protect the privacy and confidentiality of all group members, participants must:

- (1) Use a private and secure internet network for televideo visits
- (2) If group participants are not in a private space, others may overhear what you share with the group. Please make sure you are in a private and confidential space when participating in a group.
- (3) There is a risk of participants recording or taking photos of the group visit and sharing this with others.
- (4) There is a risk of someone joining the group visit who is not supposed to be there and
- (5) If you do not remove your last name in your google account as instructed, your full name will be visible in the group visit. If you enter your full name when joining the visit from a non-gmail account, all participants will see your first and last name. Security protocols have been put in place to reduce the risk of sharing your name and email. In rare circumstances, these protocols may fail.

CHA is **not** monitoring patient email replies about group visits. Please **do not reply** to emails you receive related to your group visit. Instead, please use MyChart or call your clinic with any questions.

If you need immediate care, you will call 911 or go to the nearest emergency room.

Patients under 18 must have a parent or guardian consent to the above.

By signing this form, I assume the responsibility of paying for my group-visit medical appointment and agree to pay any co-pays and all costs associated with this medical appointment. By signing this confidentiality agreement, I assume the responsibility for keeping all information private and confidential.

Name (please print): _____

Signature: _____

Date: _____ / _____ / _____

Patients participating in telehealth groups consent verbally to the above.