CHA Group Visits Consent Form

Fòm konsantman pou vizit gwoup yo

Vizit gwoup yo se randevou medikal plizyè moun alafwa, kote pasyan ki gen menm maladi pran yon randevou an tan ke gwoup. Patisipasyon chak pasyan estrikteman vontè. Se oumenm ki pou deside kisa w ap pataje ak gwoup la oswa si w prefere pataje an prive ak ekip ki ap bay swen an.

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.

Enfòmasyon sou gwoup la konfidansyèl epi sipoze rete prive

Poutèt nan visit gwoup la, pasyan yo ap revele enfòmasyon medikal ak sosyal prive, tout patisipan nan yon visit gwoup – menm sila yo ki akonpaye fanmi yo – dwe dakò pou respekte vi prive ak sekrè tout patisipan yo.

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.

Asirans ou ka peyè mwatye nan frè vizit gwoup la.

W ap peye vizit gwoup la menm jan w t ap peye yon randevou medikal abityèl poukont ou. Nan patisipe nan visit gwoup la, pasyan an pran sou responsablite l tout frè pou sèvis medikal yo ak tout frè plan asirans lan mande.

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.

Visit gwoup sou entènèt yo gen difikilte pa yo kote gen prekosyon an plis pou pran. Pou pwoteje vi prive ak sekrè manb gwoup la, patisipan yo dwe:
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 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.
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.

Depi m siyen fòm sa a, mwen pran sou responsablite m peye randevou medikal an gwoup mwen an epi m dakò peye tout pati pa m ak tout lòt frè pou randevou medikal sa a. Depi m siyen akò sou konfidansyalite sa a, mwen pran sou responsablite m kenbe tout enfòmasyon yo prive epi sekrè.
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.

Non (an karaktè enprimri souple): ________________________________

Siyati: _______________________________________________________

Dat: ______/_____/______

Name (please print): ____________________________________________

Signature: _____________________________________________________

Date: ______/_____/______

Pasyan ki ap patisipe nan gwoup sou entênèt yo, ap di yo dakò ak bouch yo.

Patients participating in telehealth groups consent verbally to the above.