

## 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 volontè. Se oumenm ki pou decide 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 peye 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) Itilize yon rezo entènèt prive epi sekirize pou visit pa entènèt yo  
(2) Depi gwoup patisipan yo pa nan yon espas prive, lòt moun ka tande sa w ap pataje ak gwoup la. Tanpri asire w nan yon espas prive epi konfidansyèl lè w ap patisipe nan yon gwoup. (3) Gen yon risk pou patisipan yo anrejistre oswa pran foto gwoup la epi pataje l ak lòt moun, (4) Gen yon risk pou moun ki pa t sipoze la antre nan gwoup la epi (5) Si w pa retire siyati w nan kont google ou an jan yo mande w la, tout gwoup la ap wè tout non w. Si w mete tout non w lè w ap antre nan gwoup la apati yon kont ki pa gmail, tout patisipan yo ap wè ni prenon w ni non w. Sekirite a mete yon sistèm pou redwi risk pou pataje non w ak imel ou. Nan de sikonstans ki ra, sistèm lan ka pa mache.

*(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 pa kontwole repons pasyan yo sou imel konsènan vizit gwoup yo. Tanpri pinga reponn imel ou resevwa sou gwoup vizit ou yo. Tanpri, itilize pito MyChart oswa rele klinik ou an pou poze kesyon w vle.**

*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.*

Si w ta bezwen swen an ijans, wa rele 911 oswa ale nan swen ijans ki pi pre w la.

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

Pasyan ki poko gen 18 lane dwe fè paran oswa gadyen yo siyen fòm lan

*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 entènèt yo, ap di yo dakò ak bouch yo.**

*Patients participating in telehealth groups consent verbally to the above.*