



Confidentiality Agreement

Group Medical Visits

I, _____, agree that I will keep confidential the personal

Group Member's Name

information of other group participants taking part in the program *Diabetes Group Medical Visit*, which takes place at Serve the People Community Health Center. 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 of all participants and keep their personal information confidential. Personal information refers to information that may be used to determine the identity of another group member such as the name of a group member, the name of other family members, home address, or phone number.

I also understand that once the group has been terminated, I must continue to abide by the confidentiality agreement.

Confidentially may be breached by the group facilitators under the following situations:

- If it is disclosed that a minor, which is defined as a child who is 16 years of age or younger, has been or is at risk of being physically, sexually, or emotionally injured by another individual;
- If it is disclosed that one of the group members intends to physically, sexually, or emotionally injure another individual; or
- If it is disclosed that a group member intends to inflict personal injury on himself or herself.

I have read and fully understand the information provided above about the risks of this group. I understand that if I breach this agreement I may be asked to leave the group. By signing this document, I agree to accept the risks listed in this form.

Signature of Group Member (Patient)

Date of Birth

Date