Virtual Group Consultations Confidentiality Form

Insert Practice Name / Clinic or logo

Name (Please print clearly):
Home Address:
Date of Birth:
Daytime phone number:

Introduction to this Confidentiality Agreement

As a participant in Virtual Group Consultations, both you and the other patients who are sharing the appointment will discuss medical information in the presence of other patients, and also staff. Your clinician (doctor, nurse or pharmacist) and other members of your healthcare team, if present, will be doing likewise. Staff are bound by their employment contracts and professional codes of ethics to respect patients' confidentiality. Please read the statement below, and if you agree, please sign the form where indicated.

Statement of confidentiality

By signing this agreement, I undertake to respect the confidentiality of the other members of the Virtual Group Consultation by not revealing any medical, personal, or other identifying information about others in attendance, after the session is over. My own information, however, belongs to me, and I understand that I am encouraged to discuss my own details with my carer or other family members, as appropriate.

I understand that if I have health concerns that are of a very sensitive nature, I may of course, ask to discuss them with the relevant staff member in a private telephone or virtual consultation.

I understand that I am under no obligation to share personal information with other patients, or healthcare staff, unless I choose to do so. By signing this confidentiality form however, I am agreeing to share any relevant test results within my group.

At any time, I can withdraw my consent to this.

Signed (patient): Date:

Signed (carer/support person if applicable): Date:

I CONSENT AS ABOVE IN **ALL** OF MY GROUP CONSULTATION SESSIONS AT THE

INSERT practice for my INSERT reviews