

Group Consultations Confidentiality Form

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

Introduction to this Confidentiality Agreement

As a participant in group consultations facilitated by Portland Medical, 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 or nurse) and the group consultations healthcare team will be doing likewise and are bound by their employment contracts and professional codes of ethics to respect patients' confidentiality. Please read the statement below, and if you agree with it, 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 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 member, 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 treatment room or to schedule an individual practice appointment.

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 returning this document with my details and the box ticked, I consent as above in ALL my group consultations sessions facilitated by Portland Medical. I understand I can withdraw my consent at any point I wish to do so.

Please return form to Portland.mt@nhs.net. Attention "diabetes group consultations"