Shared Medical Appointment Privacy Notice

The privacy of your health information is critically important to the University of Michigan. You have received a Notice of Privacy Practices telling you how we protect your private information. In some cases we offer our patients shared appointments or joint counseling sessions where the patients have common issues that they may wish to discuss both among themselves and with their caregivers.

A Shared Medical Appointment is a group appointment that includes other patients. In some cases, patients may bring a family member or friend involved with their care to the appointment with them. During a Shared Medical Appointment, patients and health care team members will discuss medical information in the presence of other patients, friends or family members. Of course, if you have medical concerns that are of a very private nature, you may always ask to discuss them with your doctor in an exam room or schedule an individual office visit.

Participants in the group will be sharing their medical information. For this reason you and other members of the group have an important responsibility to protect each other’s privacy. We insist that both patients and family and friends of patients accept the responsibility to respect the confidentiality of the other members of the group by not revealing medical or other identifying information to anyone outside the session after the session is over.

Failure to comply with this agreement will result in discontinuation of your participation in Shared Medical Appointments and could result in a patient making a legal claim against you for improper disclosure of their private information. After thoroughly reading the above notice, please sign and return this letter to our office prior to your appointment. You are encouraged to make a copy to keep for your files.

I understand the need for confidentiality and agree that I will not disclose to anyone outside of the shared appointment any information I learn about any other patient during the appointment:

Printed Name: _________________________________________________________________

U of M Registration Number: ___________________________ Date of Birth: ______________

Signature:_____________________________________________________________________

I, ___________________________________, will come to the SMA appointment with the above patient. I understand the essential need for privacy and will not tell anyone anything I learn or hear at the session. ____________________________________________         ______________

Signature of Companion                                               Date