Patient Name

STANFORD HEALTH CARE STANFORD, CALIFORNIA 94305



CONSENT • ONLINE GROUP CONFIDENTIALITY AGREEMENT

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Addressograph or Label - Patient Name, Medical Record Number

This form is a confidentiality agreement. As a candidate of this Online Group, the following information must be agreed and adhered to in order to participate in the Online Group:

- You are participating in this group voluntarily.
 - You may stop attending this group at any time.
 - Please provide ample notice to the group leader, if you choose to discontinue attendance.
 - If you violate any of the terms of this agreement, as deemed by the group leader(s),
 Stanford Health Care (SHC) or its affiliates, it shall be grounds for expulsion from the Online Group.
- Sharing of information is also voluntary.
 - The group format involves sharing information to help yourself and others in the group.
 - You may choose to share as much or as little as you feel comfortable with during each session.
 - Any information shared by you and others is confidential.
 - Do not share this information outside of the group setting, except in an individual meeting with your group leader.
- As a participant, you agree to not disclose any information to those outside of the group that may reasonably be used to identify another member of the group.
- You agree to not record any voice conversations, videos, and/or create still images (e.g., take
 pictures) of any information shared in the Online Group by the use of any recording device,
 application, or otherwise.
 - Any member discovered to have any such recordings will be asked to delete those recordings. Additionally, any member discovered to begin, or have in their possession, any such recordings will be removed from participating in the Online Group.
 - If in the future, group leader(s), SHC, and/or its affiliates, chooses to record group sessions, you shall:
 - Receive reasonable notice of SHC's intent to record group sessions; and
 - Be given an opportunity to opt out of the Online Group, so as to not be recorded.
- If you choose to opt out of the Online Group, you are not guaranteed placement in a comparable Online Group.
- The leader(s) of this Online Group, as well as SHC and its affiliates, must adhere to
 professional and ethical guidelines related to confidentiality, as well as state and federal laws
 governing confidentiality and patient privacy. SHC and its affiliates reserve the right to make
 disclosures of any information gathered in the Online Group in a manner which is consistent
 and/or otherwise required by applicable state and federal laws.
- You agree to hold harmless SHC, and its affiliates, in any and all claims related to misuse and/ or misappropriation of your personal and/or protected health information, shared during Online Group sessions, by another group member or persons who obtain your information through another group member.

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• I, partici agree	-	(printed name), nline Group and agree to adhere to the	understand the terms of e terms of the confidentiality
DATE	TIME	SIGNATURE (Patient /Legal Designated Representative)	
PRINT NAM	E		RELATIONSHIP TO PATIENT
DATE	TIME	GROUP LEADER SIGNATURE	PRINT NAME
Any further q	uestions or con	cerns, please contact:	
Group Leade	er Name and Titl	e	
Group Leader Contact Information			