



**CONFIDENTIALITY STATEMENT
GROUP SUPPORT SESSION (GSS)**

The privacy of your health information is important to UC San Diego Health and is mandated by law. As a participant in a Group Support Session (GSS), both you and the other attendees will have the option to discuss health information in the presence of other attendees, family members, caregivers, friends, staff, and/or providers.

Whether you are an attendee, family member, caregiver, or friend accompanying an attendee, you agree to respect the privacy of others by keeping information that is shared in the session confidential and not repeating any of the information discussed in the clinical group setting. The GSS team will also keep all information shared in session confidential and not repeat that information outside of the clinical group setting, unless the information raises public health and/or safety concerns or under a regulatory obligation to disclose. The GSS is not a substitute for medical care or treatment of medical emergencies. Participation in the GSS is optional, and a decision to refrain from participating will not impact future care provided to you by UC San Diego Health. Consult with your clinical care provider for any questions of a personal nature you are not comfortable sharing in the group setting, or for medical care.

By signing this form you agree to and authorize the disclosure of personal health information by your participation in any discussion and/or any information shared during the session. Your signature also means that you will respect the confidentiality of the other members of the group by not revealing names or medical, personal, or any other identifying information about others in attendance outside of the clinical group setting. Furthermore, you understand that taking photos, video, or other recordings during the GSS is strictly prohibited and agree to refrain from doing so.

I UNDERSTAND AND AGREE WITH THIS STATEMENT OF CONFIDENTIALITY.

Attendee Printed Name Signature Date Time AM / PM

Parent/Guardian Printed Name Signature Date Time AM / PM

Support Person Printed Name Signature Date Time AM / PM

If Interpreted: _____ Date: _____ Time: _____ AM / PM
 Telephonic Video Interpreter **OR** ID# Language