Community Health of Central Washington

Confidentiality Agreement:

As group visits involve patients disclosing private medical and social information, all participants during a group medical visit (whether the direct patient or an accompanying family member) must agree to respect the privacy of all information and keep such information confidential.

By signing this confidentiality agreement, I assume the responsibility for keeping all information confidential.

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Printed Name Signature Date

Medical Waiver:

Group medical visits is a form of a medical appointment. By participating in a group medical visit, the patient assumes the responsibility for the cost of the medical services provided and any co-pays involved.

By signing this form, I assume the responsibility of paying for my group medical visit and agree to pay co-payments and all costs associated with this medical appointment.

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Printed Name Signature Date