**PROGRAM PC-A**

**Primary Care Setting**

Group Visit Waiver

Name:

Date:

Physician:

Date of Birth:

Home Address:

Privacy is something almost everybody is concerned about when they come for shared visits. Information revealed during an individual appointment is normally considered confidential, but this confidentiality may be lost by revealing the same information in a group setting. Family members and others may be present during these shared visits.

During Group Suboxone Visits, you have the opportunity to listen to discussions between counselors, providers and other patients and to ask questions about your own medical condition, as well as information on your psychiatric and substance abuse history. Information provided in response to another patient’s questions may not be appropriate for all patients. Your doctor will advise you about the recommended treatment of your condition.

By signing below, you agree that your providers and this program shall not be liable for any financial or other damages resulting from any breach of confidentiality committed by other members of the group. Along with this program’s commitment to maintain the privacy of its patients, you also agree to protect each other’s privacy by not identifying other patients or discussing their health or psychiatric problems or substance abuse history outside of the group setting.

I understand that my insurance company will be billed for these appointments. I am aware of my responsibility to pay my co-pay and other costs my insurance does not cover for any services provided to me in the course of this visit.

Signed: Date: