

**St Peter Family Practice
525 Lilly Road, NE
Olympia, WA 98506**

Patient Consent to Participate in a Diabetes Open Office Group Visit

I hereby consent to participate in a diabetes mini group visit along with 2 to 3 other patients with diabetes. Doctor's _____ will be seeing me in the group session instead of my typical one-on-one visit. I understand that my medical information will be shared with the group. I understand I will be hearing about the medical care of others in the group. Furthermore, I have been assured that my medical information will remain confidential as it always has. I will not discuss or share the medical information of others in the group outside of the group session without their consent.

I understand that my records are protected under the Federal and State Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent an any time except to the extent that action has been taken in reliance on it. This information is in compliance with Part 2, Title 42, Code of Federal Regulations, Public Health Services, Department of Health and Human Services.

Date

Patient Signature

Date

Witness Signature