Cardiac Rehabilitation Group Telehealth Confidentiality Statement

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I, as a participant in the Cardiac Rehabilitation
Virtual Group, may have access to personal and/or medical information about other individuals
who are also participating in the group.
Because of this, and as a condition of my participation in the Cardiac Rehabilitation Virtual Group, I agree that:
 My personal and/or medical information may be discussed with other persons attending the group telehealth meetings in which I participate.
 I will refrain from discussing personal and/or medical information that I learn about others participating in the group telehealth meetings and will maintain the information in confidence.
 In participating remotely using audio and video communications technology, I will take care to ensure that group discussion is not overheard by others near me.
 I understand that I must be in the United States to attend the group telehealth meetings.
 I understand that I must provide my physical location (street address) and the phone number to a charged phone beside me to the group facilitators prior to the start of each meeting
 I understand that while the program asks all participants to maintain confidentiality of the information, the program does not control the conduct of the participants who may or may not have the legal obligation to comply with this request.
 I understand that the program may terminate my involvement with the program if I violate any of these terms.
• It is important for you to know that, as healthcare professionals, the group facilitators are mandated reporters, which means we are required by law to report any instances of child or elder abuse or neglect in order to help keep people safe. We are also required to intervene if we learn that someone has become a danger to him/herself or someone else.
Signature:
Print name:
Date:



Address and city I will be at while participating:

Telephone number to reach me during meeting: