



Maine Medical Center

MaineHealth

Confidentiality Agreement:

As group medical visits involve patients disclosing private medical and social information, all participants during a group medical visit, whether the direct patient or an accompanying family, 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.

Name

Signature

Date

Medical Waiver:

A group medical visit is a form of a medical appointment. Hence by participating in a group medical visit, the patient assumes responsibility for the cost of the medical services provided and any co-payments involved. By signing this form, I assume the responsibility of paying for my group medical visit and agree to pay the co-payment and all costs associated with this medical appointment.

Signature

Date