

UNIVERSITY OF CALIFORNIA, DAVIS
MEDICAL CENTER
SACRAMENTO, CALIFORNIA

Directions: Each patient should sign this form at the beginning the shared medical appointment. If the patient brings a significant other, that individual signs this for as well.

**UC Davis Medical Group
Shared Medical Appointment Confidentiality Agreement**

Shared medical appointments (SMA) are group medical visits and each individual's participation is strictly voluntary.

Because shared medical appointments involve patients disclosing private medical or social information, all participants in a shared medical appointment – including the patient and any accompanying caregiver or family member – must agree to respect the privacy of all participants.

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

NAME: _____
Please Print

SIGNATURE: _____

Date: _____

- I am a patient participating in the SMA
- I am a family member/caregiver of patient _____

This form was provided by James Nuovo, M.D. of the University of California, Davis Medical Center.