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## **Phoenix PCN Luton Group Clinic Agreement Form**

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By participating in this group clinic I agree that:

1. I am happy to share relevant information about my health condition. For example, this might include my blood pressure or cholesterol levels. These results appear on a “results board” which supports group discussion and my learning
  2. I am happy to have a one to one discussion with the clinic team about my concerns. I understand other members of the group listen, and in turn I listen to their one to one discussions so that we can all benefit from hearing and understanding our common problems and finding solutions
  3. I am under no obligation to share any other personal information with the group unless I choose to do so and that if I have health concerns I don't want to discuss in the group setting, I may ask to discuss them privately in a 1:1 consultation
  4. At any time, I can withdraw my consent to participate in the video group clinic and book a 1:1 consultation.
  5. All information I learn about group members is confidential. I agree that I will not record nor share any information about other members of the group in conversations outside the group verbally or on social media such as Facebook, Twitter etc or in any other public forum
  6. If I am more than 5 minutes late, I will not be able to join the session and will need to book on to another session
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