



**Virtual Group Session
Information and Consent**

Name: _____

MRN: _____

Session Date(s): _____

I, _____, hereby agree to and consent to participate in the
Name of participant

_____ organized by _____
Name of Group Session Department Organizing Group Session

Description of Services: _____

Confidentiality Agreement:

Any virtual care sessions such as this have some privacy and security risks that could allow your health information to be intercepted or unintentionally disclosed

In order to improve all participants', including yourself, privacy and confidentiality, it is best practice for you to be in a private setting and have no other people, including your children in the area. If there is anyone else in the area with you, please advise the group of their presence. If others outside of the group are present, by continuing to participate, you are consenting to them being present and potentially hearing your private health information. Their presence will have to be agreed to by all group participants since they may be sharing their personal experiences and private health information. It is expected that no one will record the session(s) without express understanding and agreement from all attendees.

Whenever possible, you should be using your own device (e.g. laptop, computer, tablet, smart phone) in order to protect all group participants' health information. Prior to the start of the session, advise the group if you are using a device that is not your own. If you are using the device in a public area (e.g. library), it is best practise to use headphones to limit the risk for those around you to potentially hear the group's private health information. By continuing to participate after such advisement, you are consenting to accepting the risk of others outside of the group potentially hearing your personal experiences and private health information.

Please call _____ for other options if Virtual Group Sessions are not for you.

Consent:

I agree to follow the expected confidentiality requirements outlined above and to respectfully participate in an open and explicitly confidential environment. I acknowledge that this session requires explicit respect and privacy. I will not in any manner share information or experiences I learn from other participants in this group with anyone outside of this session, or discuss information of a participant with another participant.

Signature of Participant: _____ Date: _____

☐ Unable to sign consent but wish to participate (see page 2)

This form must be received by the organizing department prior to the start date of your attendance

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If the participant is unable to authenticate the consent with a signature due to lack of access to necessary equipment to facilitate a signature copy being sent to the organizing department (e.g. no printer, scanner, fax machine, mail may take too long, etc.), the following process will be followed:

PARTICIPANT

- The participant electronically places an “X” in the box by the signature area on page 1 (click on the box as indicated on page 1).
- The “X’ed” copy is electronically sent to the originating department.

SESSION FACILITATOR

- At the outset of the session, the facilitator states that participants are requested to respect the privacy and confidentiality of the discussions held and to not speak about the other participant’s shared information outside of the group.
- The group needs to be aware that if they choose to share their personal health information with the group that the Saskatchewan Health Authority does not take responsibility for the privacy of that information. They can call the number on page 1 for other options if the virtual group is not an option.
- If participants are not in agreement with these conditions, they are given the option to remove themselves from the session at this point in time.
- Keep a record of who was on the call and the script used for this discussion.