

MEMORIAL HERMANN HEALTH SYSTEM SUPPORT GROUP FORM

All persons participating in this Online Support Group must read and sign this form. If you do not understand any part of this form, please ask any questions prior to signing.

The purpose of this form is to advise you about the rules and risks involved with online support groups conducted by Memorial Hermann Health System (“Memorial Hermann”) so that you can consent to participation.

To make this Online Support Group safe, supportive, productive, and the best experience possible for group members, it is important for each member to make a commitment to actively attend the group. In doing so, you get the benefit of yours and others’ efforts. Online support groups generally have the same purpose or intention as sessions that are conducted in person. Please agree to abide by the following:

I understand that, while Memorial Hermann staff members will adhere to its privacy policies and procedures, they cannot guarantee that any information shared in this Online Support Group will be kept confidential.

I understand that, through participation in the Online Support Group, there could be disclosure of protected health information.

I understand that in this Online Support Group everything shared is confidential and may not be disclosed to anyone outside of the group, except as may be otherwise required by law.

I understand that Memorial Hermann reserves the right to request that I leave the group for not complying with its Code of Conduct.

This Online Support Group does not provide emergency or crisis services. If you are experiencing a medical emergency, please call 911 or go to the nearest emergency room.

Participation in this Online Support Group is voluntary, and you may discontinue participation at any time.

I have reviewed and understand the above information and agree to participate in this Online Support Group.

Signature: _____ Date: _____