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Name:

Shared Medical Appointments (SMA) Consent

Shared Medical Appointments (SMA) are Group visit! Each patient’s participation is strictly voluntary.

During a typical SMA, 5 to 15 patients are seen together in a setting that encourages asking questions, and sharing concerns and experiences. Patients learn from the healthcare team and from each other in this environment.

Most patients have been overwhelmingly satisfied with the program. They enjoy the opportunity to relate to other people who are dealing with similar health issues, share stories and ideas, learn from one another and truly create a bond. SMAs are particularly valuable to people dealing with chronic conditions like arthritis, chronic pain, and obesity. Every patient has the opportunity to be a role model to someone else!

After the shared/group visit time, patients will also be seen in a private exam room for an abbreviated individualized care.

Confidentiality agreement:

Because group visits involve patients disclosing private medical and social information, all participants in a group visit – including the patient and any accompanying family members/friend – must agree to respect the privacy of ALL participants and keep their information confidential.

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

Signature: _____ Date: _____

Medical waiver:

Payment for SMA is handled in the same manner as payment for regular/ traditional medical appointments. By participating in a group visit, patients assume responsibility for the cost of Deductible, Co-pay, Co-insurance involved, including no-show fee. **Note: A Reminder phone call will be made 2 business days in advance. If you wish to change/ cancel, same 24 hour notice is appreciated.**

By signing this form, I assume the responsibility of paying for my group-visit medical appointment and agree to pay any co-pays and all costs associated with this medical appointment.

Signature: _____ Date: _____

Witness Name & Signature Date: _____