

	of the Healthy Living with Diabetes
Program (HLWD) understand and agree to the following, as indicated	d by my initials in the box to the left
of each section below.	
HIPPA/Confidentiality: I understand that I may be exposed to confidential personal h by other participants and me, during the sessions. All informations basis. If I have a concern that I wish to keep private from other presenter or diabetes education coordinator privately before sessions/workshops. By initialing this statement, I understand during this program is to be kept confidential and not shared. I have been offered a copy of the HLWD Notice of Privacy Practice.	etion is presented on a volunteer er participants, I will see the or after diabetes education d that all PHI presented and shared with anyone outside of this program.
how Protected Health Information (PHI) may be used or disclo	
department, according to HIPAA regulations and further descri	ribes my rights.
Media Release: I do hereby give my consent for my image to appear in a reconditional description. I understand that I may be identified by not be identified by not be identified by not be identified by not be identified.	
Text Release: The Healthy Living with Diabetes program has the ability to te appointments and/or classes. If you would like to receive this the consent below and check the appropriate box.	
☐ I DO CONSENT to receive text messages on my cell pl	hone,
I understand that this request to receive text messages wand/or class reminders unless I request a change in writing per your cellphone plan.	
☐ I decline and DO NOT CONSENT to receive text messa	ages.
Signature of Participant/Authorized Representative:	

