



Patient Participation Agreement

I agree to participate in the *Healthy Together* program until March 31, 2023.

During that time, I will:

- Attend group sessions with other patients from my health center who also are looking for ways to eat healthier, exercise more, and reduce stress. Sessions will be virtual (phone or video), with in-person check-ins at key points during the year. The sessions will follow this schedule:
 - April 1 – July 31, 2022: **weekly group call** (60-75 mins); no session 4th of July week
 - In-person connection at weeks 2 & 10 to receive additional tools
 - August 1– March 31, 2023: **monthly group call** (60-75 mins)
 - In-person connection in August, October, December, and March to receive additional tools.
- Attend make up sessions (scheduled in the same week) if I am not able to attend a regular session.
 - I am allowed to make up no more than 3 sessions. If more than 3 regularly scheduled sessions are missed, I may be removed from the program.
- Track and share my progress:

What do I track?	How often?	When?	Where do I track it?
The food I eat	Every day	After eating or end of day	The program app/online portal or the <i>Healthy Together</i> wellness tracker
The number of minutes I exercise	Every day	after exercise or end of day	The program app/online portal or the <i>Healthy Together</i> wellness tracker
Weight	Once weekly	On session days; before joining session	The program app/online portal
Blood Pressure	Instructions will follow		

I will contact my provider's office if:

- My temperature reading is more than _____.
- My blood pressure reading is more than _____.
- My oxygen level reading is less than _____.
- For patients with diabetes, my blood sugar reading is more than _____.

If I have any questions, I will call _____ at (phone) _____.

I agree to use the tools provided and track my results as outlined above. If I decide to no longer participate in the program (or if I miss more than 3 sessions), I understand that I am required to return the tools to the health center.

I understand that the sessions will be group visits with other patients.

- I understand that discussions may occur regarding individually identifiable health information during a group visit.
- It is possible that the information that is used or disclosed in a group visit may be redisclosed by other participants in the group visit.
- I agree to keep all information regarding other patients attending group visits private and confidential.

Patient Name (print):	
Patient Signature:	
Date:	

For patients with diabetes:

Provider Signature:	
Date:	