



Informed Consent

Please complete Informed Consent and return to Doctoring Families

We, the undersigned, authorize the University of Michigan Health System to review our medical records to determine eligibility to participate in the Doctoring Families program. We also authorize the discussion of our family's medical conditions within the established small group activities of the Doctoring: Caring for Patients, Families, and Communities course. We do this to assist in the educational mission of the University and its Medical School. We understand that all medical information is confidential and that any identifying information obtained through the review of medical records and through home visits will not be disclosed to anyone outside of the Program without our prior approval.

We understand that UMHS will not condition treatment, payment, enrollment or benefit eligibility on our signing this document, and that information reviewed and discussed under this authorization will remain protected by federal and state privacy laws. We understand that this authorization will remain in effect so long as we choose to remain in the Program and will be terminated immediately upon our withdrawal from the Program. We can revoke this authorization at any time by writing to the Doctoring Course staff at 1137 Catherine St., 3808 Medical Science II Building, Ann Arbor, MI 48109-5608, by calling (734) 647-5597 or e-mailing: Doctoring.Families@umich.edu.

For Volunteers, Parents or Legal Representatives:

Printed Name

Signature
Date

Printed Name

Signature
Date

Address

Note: Children under 18 years old do not need to sign the form provided that a parent or guardian's signature is present. Authorization signed by legal representative must include a copy of the guardianship papers or a power of attorney.