

Gilda's Club Quad Cities
PARTICIPANT FORM

We gather information about every participant to better understand who comes to our programs. Personal information will be kept **confidential**. As a non-profit organization that does not charge for our services, we rely solely on donations to underwrite our program and need the following information to help secure funding. Information provided to funders does not include identifying information. Your answers will, in no way, affect your ability to access all programs at Gilda's Club Quad Cities at no charge. **THANK YOU!**

Date: _____ Participant Number (to be completed by staff) _____

Location: Moline Clubhouse at Trinity Davenport Clubhouse at Genesis Clinton Outreach Muscatine Outreach Other

Date of Birth: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Preferred Name: _____ Employer: _____ Do you have children under 18? Yes No

Address: _____ City: _____ State: _____ Zip: _____

Phone (circle preferred): (HM)() _____ (Cell)() _____ (Work)() _____

Email: _____ Would you like to receive text notifications for programs? Yes No

I am registering as a: Person Living with Cancer Survivor Support Person Bereaved Health Care Professional

If a support person, who are you here to support? _____ What is your relationship? _____

If a bereaved person, when did your loved one die? _____

How would you like our program calendar sent to you? Mail Email Do Not Send

Would you like to receive notification about other member activities? Yes No

Would you like to receive notification about fundraising events? Yes No

Emergency Contact Name: _____ Relationship to you: _____

Phone: (HM)() _____ (WK)() _____ (Cell)() _____

How did you hear about us? Doctor Nurse/Nurse Navigator Social Worker Therapist School Friend/Family
 Gilda's Club Staff/volunteer Newspaper TV/Radio Internet Social Media Other

If referred by a healthcare professional, please select the hospital/office that referred you:

Genesis Iowa Cancer Specialists Mayo Clinic MercyOne UnityPoint Health – Trinity University of Iowa Other

PLEASE COMPLETE THE FOLLOWING FOR YOURSELF OR FOR THE PERSON YOU ARE HERE TO SUPPORT (if applicable):

Cancer Diagnosis (Please check all cancers and underline the primary cancer type): Bladder/Urinary Bone Brain Breast
 Cervical Colon, rectal Head & Neck Kidney Leukemia Liver Lung Lymphoma Melanoma/Skin
 Multiple Myeloma Ovarian Pancreas Prostate Stomach Uterine Other: _____

Date Diagnosed: _____ Are you (or your loved one) currently in treatment? Yes No

Medical Oncologist: Aggarwal Bender Bosquet Chitneni Constantinou El Masri Friemel Garneau Goodheart
 Hill Kollu Porubcin Prabhakar Spector Sy Other: _____

Medical Center: Genesis Iowa Cancer Specialists Mayo Clinic MercyOne UnityPoint Health – Trinity University of Iowa
 Other: _____

I give you my permission to let my oncologist know I am attending Gilda's Club: Yes No

The following are optional and are used to help us better understand whom we are serving, and any groups that may be underserved.

Marital status: Domestic partnership Coupled Divorced Living w/Significant Other Married Separated Single Widowed

Gender identity: Man Woman Transman Transwoman Nonbinary Other

Sexual orientation: Bisexual Gay Lesbian Straight Other

Race/Ethnicity: White (non-Hispanic) African American (Not Hispanic) White-Hispanic Black-Hispanic Asian/Pacific Islander
 American Indian/Alaska Native/ First Nations

Insurance: Medicare only Medicare + private Medicaid Private Insurance VA Uninsured

Employment Status: Full/Part-time On Medical Leave Disabled Not Employed Retired Student

Annual Household Income: Under \$25,000 \$25,000-49,999 \$50,000-74,999 \$75,000-99,999 Over \$100,000

Education: Less than HS HS Grad/GED Trade School Some College College Grad Graduate Degree Postgraduate

Are you active military or a veteran? Yes No

Gilda's Club Quad Cities
PARTICIPANT AGREEMENT

Please initial each of the three areas before signing the bottom of this form. Concerns should be discussed with a Gilda's Club Quad Cities staff member.

ON PRIVACY:

I have been advised that Gilda's Club Quad Cities will make every attempt to respect my privacy and boundaries. I understand that since Gilda's Club Quad Cities is a community of many people, my confidentiality cannot be guaranteed.

Initial: _____

PARTICIPATION IN WORKSHOPS:

I understand and agree that:

1. Participation in activities at Gilda's Club Quad Cities is entirely voluntary, and is not a required condition of my participation, notwithstanding that such activity may utilize the premises or facilities owned by, occupied by, or under the control of Gilda's Club Quad Cities.
2. Cancer Support Community and its network partners, including Gilda's Club Quad Cities (collectively referred to as "Cancer Support Communities"), make no representation as to suitability of any recreational and/or physical activity relative to my physical condition and abilities, or the suitability or adequacy of any premises, facilities, equipment, or instruction used in connection with such activities.
3. I have been advised to consult my physician, or other healthcare professional, before participating in any physical activities and to follow my physician's, or other healthcare professional's advice with respect to such activities.
4. Any activity involves some risk of injury, whether apparent or not, and by participating in any such activity I assume all risks, known or unknown, whether foreseeable or not:
5. In consideration of Gilda's Club Quad Cities' assent to the use of its premises and/or facilities for non-employment related recreational and physical training activities, I release Gilda's Club Quad Cities of any and all liability for any injury or damages resulting from or incurred in connection with my participation in any program except to the extent that such injury or damages are caused by gross negligence on the part of Gilda's Club Quad Cities, and I agree to indemnify and hold Gilda's Club Quad Cities harmless with respect to any claim rising from any intentional or negligent conduct on my part.

Initial: _____

OPTIONAL:

PUBLICITY RELEASE:

I, the undersigned, hereby grant to Gilda's Club Quad Cities the right, license, and privilege to use my name, likeness, photograph, voice and biography in such a manner as Gilda's Club Quad Cities deems appropriate in order to promote, advertise and publicize Gilda's Club and its charitable activities. This applies also to my child(ren) or other minors that may be under my care while at Gilda's Club Quad Cities.

Initial: _____

CANCER COMPANION CONSENT:

I agree to participate in the Cancer Companion program and be placed in the database. The cancer companion program is where Gilda's Club staff can connect a participant with a similar diagnosis with you for further one on one support and connection. You also agree to serve as a potential companion to another participant if interested.

Yes No

Initial: _____

Signature _____ Date _____

To be completed by staff:

First Time Visitor Annual Update

WM Date: _____ Group NMM Individual WM

Screening Completed Date: _____ Onsite Online Diagnosed Caregiver

Staff Person: _____ Data Input Date: _____

INFORMATION, AUTHORIZATION, AND CONSENT TO TELEMENTAL HEALTH: SUPPORT GROUP

This document indicates your consent to participate in distance-oriented support group sessions, otherwise known as telehealth, which take place over a HIPAA compliant telehealth platform, Zoom. Further, this document is designed to inform you about what you can expect regarding confidentiality, emergencies, and several other details during group participation as it pertains to TeleMental health at the Gilda's Club Quad Cities. TeleMental health is the mode of delivering group counseling services via technology-assisted media, such as telephone (landline and mobile devices), video conferencing, internet, tablet, PC desktop system or other electronic means using appropriate encryption technology for electronic health information.

Limitations of TeleMental Health:

We acknowledge that for some people getting to a physical Gilda's Club/Cancer Support Community facility is not possible. Telehealth can be utilized in circumstances that prevent you from in-person group support. Please be aware that there is a risk of misunderstanding group participants when communication lacks visual or auditory cues. There may also be a disruption to the service (e.g., phone gets cut off or video drops). This can be frustrating and interrupt the normal flow of group interaction.

By Signing This Consent, You Understand and Agree to the Following:

- I will find a quiet and protected space for all group sessions.
- During group, no one else will be present in the room.
- I will not accept other phone calls, texts, emails or engage in web surfing during our sessions.
- If there is a loss of connection, I will refer to the *In Case of Technology Failure* item below.
- I know how to utilize video conferencing technology and/or agreed upon technology-assisted devices.
- I understand the limitations of TeleMental health, and it is not a complete substitute to the programs offered at the Gilda's Club Quad Cities.
- I understand that a telehealth support group has potential benefits including easier access to care and the convenience of meeting from a location of my choosing.
- I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties.
- I understand that my Gilda's Club Quad Cities group facilitator can discontinue the group if it is felt that the videoconferencing connections are not adequate.
- I have had a direct conversation with my Gilda's Club Quad Cities group facilitator during which I had the opportunity to ask questions regarding the potential risks and benefits of TeleMental health.
- My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.

In Case of Technology Failure:

During a TeleMental health support group, there could be a loss of phone or internet connection. If you get disconnected from a video conferencing group, end and restart the session. If you are unable to reconnect within ten minutes, please email the facilitator for instructions.

In Case of an Emergency:

If you have a mental health emergency, you are encouraged not to wait for communication back from your facilitator, but to do one or more of the following:

- Call Lifeline at (800) 273-8255 (National Crisis Line)
- Call 911
- Go to the nearest emergency room

You understand that if you are having suicidal or homicidal thoughts, experiencing symptoms of psychosis, or in a crisis that we cannot solve remotely, your facilitator may determine that you need a higher level of care and Telehealth services are not appropriate. Gilda's Club Quad Cities requires an **Emergency Contact Person** who your facilitator may contact on your behalf in a life-threatening emergency only. Please enter this person's name and contact information within the designated section on the annual participant form.

By signing this consent, I hereby indicate my compliance with the above stated expectations. I reserve the right to revoke my consent, in writing, at any time. Please print, date, and sign your name below indicating that you have read and understand the contents of this form, you agree to these policies, and you are authorizing your facilitator to utilize the TeleMental Health methods discussed.

ParticipantName (Please Print)

Date

Participant Signature