



Tell Me More® Permission Form

Please note that this is a templated form that has been used or adapted by institutions implementing Tell Me More® in a variety of settings and circumstances. Adjustments may be needed to reflect implementation of the program during the COVID-19 crisis.

Dear Sir/Madam/Family Member/Representative,

You are invited to participate in Tell Me More®, a program that brings personalization and caring to the practice of medicine. *(Family Member/Representative signs for minors or patients who are unable to sign. If signature is not available please utilize verbal confirmation by phone denoting exact time permission given.)*

One of our staff would like to talk with you about your life, so that your healthcare team can learn more about you as an individual. Together, we hope you will come up with 2-3 phrases that describe personal things that are important to you. We will post these phrases in your room and they will be visible to everybody who comes in during the duration of your stay. We hope these phrases will encourage meaningful conversations.

These phrases will serve as important reminders to everyone that it is crucial to care for and treat each other as human beings every day.

Participation is completely voluntary and will not affect your medical care. You do not have to participate if you do not wish to, and you may also choose to stop taking part at any time during the program. You and the staff member will decide together what you wish to be displayed in your room. Neither your full name nor information related to your health will be used in any part of this program.

This program is a signature program of The Gold Foundation. The Gold Foundation works with the healthcare community to promote compassionate, collaborative, patient-centered care.

If you would like to participate in the program, please sign and print your name below. Thank you!

(Patient Name)

(Patient Signature)

(Family Member/Representative Name)

(Family Member/Representative Signature)

(Date)

(Please make two photocopies. Place original in chart. Give/send a copy to patient/family/representative.)