

Insert Institutional Logo

Instructions are provided in RED font which should be completed or removed as applicable.

Case Report: **Insert TITLE**

You are being asked to consider allowing (insert name and possible title) to use information about your (insert condition/disease/experience) to write what is called a case report. Case reports are typically used to share new unique information experienced by one patient during his/her clinical care that may be useful for other physicians and members of a health care team. A case report may be published (in print and/or via internet dissemination) for others to read, and/or presented at a conference. This form explains the purpose of this case report. Please read this form carefully and take your time to make your decision and ask any questions that you may have.

The purpose of this case report is to inform other physicians that (insert specific reason i.e. patients presenting to the ER with X) may be related to Y, however, was masked by a common over the counter medication Z).

Your information being used for this case report includes (insert specific information here).

(Insert name) is obligated to protect your privacy and not disclose your personal information (information about you and your health that identifies you as an individual i.e. name, date of birth, hospital file number). When the case report is published or presented, your identity will not be disclosed.

Although your personal information collected or obtained will be kept confidential and protected to the fullest extent of the law, there is a limited risk associated with this case report that could result in a loss of confidentiality by virtue of your unique experience.

You will not directly benefit from participating in this case report. The information that can be shared with other **health care professionals**, however, may improve the care that is received by others in the future.

Allowing your information to be used in this case report will not involve any additional costs to you. You will not receive any compensation.

Taking part in this case report is your choice (voluntary). You may choose not to take part or you may change your mind at any time. However, once the case report is written and published, it will not be possible for you to withdraw it. Your decision will not result in any penalty or loss of benefits to which are entitled including the quality of care you receive.

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You will be told about any new information relating to this case report that may affect you.

Your signature below means that you have read the above information about this Case Report and have had a chance to ask questions to help you understand how your information will be used and that you give permission to allow your information to be used in this case report.

If you have any questions please contact (insert name) at XXX-XXX-XXXX .

DOCUMENTATION OF INFORMED CONSENT

Case Report Title:

Name of Participant: _____

Participant/Legally Authorized Individual

By signing this form, I confirm that:

- The case report has been fully explained to me and all of my questions have been answered to my satisfaction
- I have been informed of the risks and benefits, if any, of allowing my information to be used in this case report
- I have been informed that I do not have to participate in this case report
- I have read each page of this form
- I authorize access to my personal health information (medical record) as explained in this form
- I have agreed to participate in this case report

Only add if applicable(additional information would be required in the body of the document to describe this) By checking this box, I am giving my permission for images of my face or a distinctive body marking to be published.

Name of participant/Legally
Authorized Individual(print)

Signature

Date

Person obtaining consent

By signing this form, I confirm that:

- I have explained this case report and its purpose to the participant named above
- I have answered all questions asked by the participant
- I will give a copy of this signed and dated document to the participant

Insert Institutional Logo

Name of Person obtaining
consent (print)

Signature

Date

ASSISTANCE DECLARATION (check here if not applicable)

The participant/ legally authorized individual, was assisted during the consent process as follows:

- The consent form was read to the participant/legally authorized individual, and the person signing below attests that the case report was accurately explained to, and apparently understood by, the participant/substitute decision-maker.
- The person signing below acted as a translator for the participant/ legally authorized individual, during the consent process. He/she attests that they have accurately translated the information for the participant/substitute decision-maker, and believe that that participant/substitute decision-maker has understood the information translated.