

PATIENT / CLIENT CASE STUDY CONSENT FORM

Case Report Project : _____

Title : _____

You have recently been diagnosed with a very uncommon condition called *(insert condition)* which can present with symptoms of *(insert symptoms)* which were perplexing to the medical staff involved in your care. *The way in which your condition presented at such a mature age is uncommon as well as the specific symptoms described.*

In the interests of informing medical professionals on how this condition may present you are being invited to agree to the dissemination (including publication) of selected, relevant and de-identified clinical information relating to your recent diagnosis of *(insert diagnosis)* by the *(insert Department)* at Monash Health for diagnostic, teaching and education purposes.

While medical professionals are obliged to share their expertise in difficult diagnoses with colleagues, the publication of additional clinical details such as the specific way in which your condition commenced and evolved would add to the value of this type of quality assurance activity.

Any use of your clinical information would not identify you and every effort will be made to maintain your confidentiality and you are under no obligation to agree. Your agreement or otherwise will not alter your treatment in any way.

Consent

I/we have read this document in a language that I/we understand, and I/we understand the purposes, procedures and risks of my participation as described within it.

I/we have had an opportunity to ask questions and I am satisfied with the answers I have received.

I/we freely agree to the use of and publication of de-identified clinical details relating to *my* condition, as described above.

I/we understand that we will be given a signed copy of this document to keep.

I/we would like to receive a copy of any resulting publication. YES NO

Participant's name (printed) and UR: _____

Signature: _____ Date: _____

Declaration by Clinician: I have given a verbal explanation of the proposed publication, its procedures and risks and I believe that the participant has understood that explanation.

Clinician name *(printed)* _____ Tel: *(insert MH No.)* _____

Signature : _____ Date: _____

Witness name (printed) : _____

Signature : _____ Date: _____