

Consent Form for Case Reports

_____ would like to use information about your clinical care experience to write what is called a “case report”. Case reports do not contain personal, identifying information such as the patient’s name and date of birth. They share information about your care that may be useful for other physicians and members of the health care community. A case report is commonly published in a medical journal or presented at a conference. Please read this form carefully and ask any questions you may have.

Information (all de-identified) that may be used for this case report includes:

- Facts that describe you without identifying who you are such as age, gender, race, or ethnicity
- Relevant personal and family medical history
- Test results
- Treatment outcomes

Information that WILL NOT appear in the case report includes:

- Your name
- Your clinic or insurance ID number
- Your date of birth
- Your address, other than the state you live in
- Photographs (without written consent)
- Biometrics (fingerprints, retinal scans, etc.)
- License number or car license plate numbers
- Phone/fax number or email address
- Social security number
- Certificate or license numbers

_____ will NOT disclose personal information that identifies you as an individual (e.g., name, date of birth, and medical record number) in any publication or presentation. Although your personal information collected 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. This case report is being written to contribute to helping others through sharing information with other health care professionals to improve health care that is delivered.

Allowing information about your clinical care 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). If you have any questions please contact _____.

Participant/Substitute decision-maker

- The case report has been explained to me and my questions have been answered to my satisfaction.
- I have been informed about allowing my information to be used in this case report.
- I have been informed that I do not have to allow this case report to be written.
- I authorize access to my medical record as explained in this form.

Print Name of Participant/
Substitute Decision-Maker

Signature of Participant/
Substitute Decision-Maker

____/____/____
Date

Opportunity to Provide Your Perspective for this Case Report

At times the healthcare provider who is writing a case report may want to include a “patient’s perspective”. This means you may be asked to provide an account and comments about the care you received. Inclusion of the patient perspective may strengthen the information delivered in the case report.

Would you like to provide a personal account to the care you received? Yes No

Signature of Participant/Substitute Decision-Maker

___/___/___
Date