Consent Form for Case Reports

Case Report: Insert TITLE

Physician:

Physician Name: Insert Name
University of Tennessee Medical Center
1924 Alcoa Highway
Knoxville, TN 37920
Insert Phone: Insert Phone

You are being asked to consider allowing Dr. Insert Name 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 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 (location) with X) may be related to Y, etc. include enough information for the patient to understand in lay language).

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

Dr. 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 e.g. name, date of birth, medical record 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 you are entitled including the quality of care you receive.

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 Dr. Insert Name at Insert Phone number.

SUBJECT CONSENT TO PARTICIPATE IN A CASE REPORT

Case Report Title:

Name of Participant: _____

Participant/Legally Authorized Representative

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

_____ /_____

Participant Signature Date

If applicable:

Name of Legally Authorized Representative:_____

_____/_____

Legally Authorized Representative signature Date

I have carefully explained to the subject the nature of the above project. I hereby certify that to the best of my knowledge the person who is signing this consent form understands clearly the nature, involved in his/her participation and his/her signature is legally valid. A medical problem or language or educational barrier has not precluded this understanding.

_____ _____ _____

Name of Person Obtaining Consent (print) Signature Date