Informed Consent for Case Reports

Burrell College of Health Sciences

You are being asked to consider allowing _____ of Burrell College of Health Sciences to use information about your recent care to write a case report. Case reports describe an unusual occurrence. They are one of the cornerstones of medical progress and provide new ideas in medicine. The case report may be published or presented at a conference. Information from your medical records will be used for this case report.

When the case report is developed, your identity will not be disclosed, and appropriate efforts will be taken to protect your privacy, so your personal information is protected. Although your personal information will be kept confidential, there is a small possibility that this case report could result in a loss of confidentiality by virtue of your unique experience.

Taking part in this case report is your choice. You may choose not to take part, or you may change your mind at any time. However, once the case report is presented or published, it will not be possible for you to withdraw your consent.

Your signature below confirms that you have read this document, have had a chance to ask any questions to help you understand how your information will be used, and that you give consent to allow your medical information to be used in this case report. If you have additional questions, please contact the Office of Research and Sponsored Programs at Burrell College of Health Sciences at 575-674-2266 or by e-mail at research@burrell.edu.

CONSENT TO PARTICIPATE

Name of Patient: _____

Participant/Legally Authorized Representative

By signing this form, I confirm the following:

- Information will be published without my name/child's name/relatives name attached and every attempt will be made to ensure anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that somebody somewhere for example, somebody who looked after me/my child/relative, if I was in hospital, or a relative - may identify me.
- The case report may be published in a journal which is read worldwide, in an online journal, or presented at a meeting. Journals are aimed at health care professionals, including journalists.
- I can withdraw my consent at any time before presentation/publication, but once it has been presented or published it will not be possible to withdraw the consent.

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Name of Participant/Legally Authorized Representative (print)	Signature	Date

I hereby certify that to the best of my knowledge the person who is signing this consent form understands the process, and voluntarily agrees to his/her participation. A medical problem or language or educational barrier has not precluded this understanding.

Name of Person Obtaining Consent (print)	Signature	Date

I the undersigned, hereby give my consent on behalf of the above-named patient for the use of their medical information, including clinical details and any related images, in a case report intended for educational, scientific, or publication purposes. I understand that the patient's identity will be protected and kept confidential and that no identifying information will be disclosed without further explicit consent.

This consent is granted solely for the purposes described above and does not authorize any other use or disclosure of the patient's medical information.

Name of Proxy/ Legally Authorized Representative (print)	Signature	Date

Witness	Signature	Date