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*See the right column for instructions / explanations to complete this template.*

*Use lay terminology whenever possible and complete or delete blanks.*

Piedmont Healthcare

Informed Consent To Participate in a Case Report

Case Report:

Principal Investigator:

Sponsor:

You are being asked to consider allowing Dr. \_**\_\_\_\_\_\_\_\_\_** to use information about your \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your information being used for this case report includes \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Dr. \_\_\_\_\_\_\_\_\_\_ 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 \_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_

CONSENT

If you are willing to volunteer for this case report, please sign below. By signing this form you do not give up any legal rights.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Participant/LAR Relationship to participant

Signature of Participant/LAR Date

I attest that the participant named above had enough time to consider this information, had an opportunity to ask questions, and voluntarily agreed to be in this case report.

Printed Name of Person Explaining Consent

Signature of Person Explaining Consent Date

I attest that I or my representative discussed this case report with the participant named above.