

North Mississippi Health Services
Case Report
Informed Consent and Authorization Template

Primary Author:

Address, e-mail and phone number:

Other Authors:

What you should know about this case report:

- We give you this consent form so that you may read about the purpose, risks and benefits of this case report.
- Your participation is voluntary. You have the right to refuse to take part in this case report.
- Whatever you decide, it will not affect your regular care.
- Please read this consent form carefully. Ask any questions before you make a decision.
- This form will also explain what information is being collected for this case report and who will see this private information about your health.

What is a case report?

A case report is a description of a rare medical condition or unusual response to treatment. It is published in a medical journal and the patient's name is not used. When health care providers see something rare or unusual in one of their patients, it is important to let other health care providers know about it. This is done by publishing a case report.

Why is this case report being done?

You are being asked to allow information about your condition to be described in a case report. You experienced (*briefly describe the patient's condition of interest*). Your health care providers feel that others could learn from your condition and their experience in treating you.

How is the case report prepared?

Your health care provider will review your medical record and identify the key elements of your condition, the care given to you, and your response to this care. These elements will be summarized and published in a medical journal as an example for other health care providers. The typical case report includes a review of other published case reports and clinical research studies. Your health care provider may analyze and compare your case to the other reports. **No information that identifies you (name, birth date, address, social security number) will be included in the case report**

What is my involvement in the case report process?

The case report is about a health care experience that has already occurred. Your only involvement in the process is to allow your health care providers to access all of your relevant medical records and to use this information to write a case report.

What are the benefits of my permitting this case report?

You will not receive any direct personal benefit by allowing your information to be used in a case report. Your case report will contribute information about (*state relevant condition or treatment*) and may benefit others with this (*state relevant condition or treatment*).

What are the risks of my permitting this case report?

As noted, the case report is about a health care experience that has already occurred. You will not experience any medical or health risks. **No information that identifies you (name, birth date, address, social security number) will be included in the case report.** There is a remote risk that someone who reads the case report may identify you as the person described in the case report.

Who will see my medical records?

The authors (*list names*) will review your medical records in order to develop a case report. They will identify the key elements of your condition, care, and response to care and summarize these elements for the case report. The authors will NOT review your records and prepare a second case report without your consent and authorization.

What if I have questions?

Please call or ask (*state first author and contact number*) any questions that you have about allowing your information to be used in a case report. You may also contact Grant Smith, Pharm.D., Manager of the NMHS Institutional Review Board, at 662-377-8693, with any questions about your involvement with this case report.

Important:

You are making a decision about whether to allow your health information to be used in a case report. Your signature indicates that you have:

- read and understood the information provided above;
- asked your health care provider and/or the case report author any questions you may have had;
- had all of your concerns addressed;
- have decided to allow your information to be used in a case report.

Please initial the bottom of each page of this consent form to verify that you have reviewed all of the information.

Case Report Subject's Statements:

I have read, or have had read to me, and understand this consent form. My questions have been answered by my health care provider and/or the case report author. The purpose of the case report and the risks to my privacy and potential benefits to medical research have been explained to me. Therefore, I voluntarily agree to allow my health information to be used in a case report.

Name of Subject (please print)

Date

Signature of Subject

Date

By allowing my health information to be used in a case report, I understand and authorize the case report authors (*list names*) to have access to the protected health information in my medical records. They will use my protected health information for the purpose of publishing one case report and in accordance with federal and state law.

Name of Subject (please print)

Date

Signature of Subject

Date

Case Report Author's Statement:

I have given the subject of the case report information about the purpose, risks and benefits of using their experience in a case report. There has been no coercion or undue influence.

Case Report Author's Signature

Date