*This highlighted sections of this template should be populated. Please ensure that formatting is consistent and this instructional information is removed before providing to the patient/person with authority to provide consent on behalf of the patient.*

## Case study Title: <*insert title*>

Clinical case studies or case reports are a type of academic publication where health practitioners share patient cases as a means of disseminating important and/or new knowledge and insights gained from clinical practice.

Case studies involve the detailed analysis of a single patient’s case or those of a small group of patients. They are published because of their educational value to health professionals and students.

<*Insert authors name*> of <*insert private clinic/ward/hospital*> wishes to publish and/or present case study information about you/the patient and your/their <*insert relevant condition/diagnosis/treatment*> in health care forums (e.g. in a medical journal, thesis, clinical conference etc.) due to its educational value.

As the case study will contain personal information (including health ​information and other sensitive information) such as your gender and age, and information about your/the patient’s distinctive <condition/disease/treatment>, you/the patient may be able to be identified.

Participation in this case study is voluntary. Your decision to either agree to, or refuse, inclusion in this case study will not affect your care, your relationship with your treating team or your relationship with <*Insert institution/private practice*>. You may withdraw your consent at any time:

* Before the case study has been committed to publication, but thereafter it will not be possible to withdraw your consent.
* Prior to verbal presentation of the case study at a clinical conference or other health forum.

## Consent

* I have read this document and understand the purpose of the case study and that it will be published and/or presented verbally at health forums.
* I have had an opportunity to ask questions and any questions have been answered in a way that I understand.
* I agree to the use of and disclosure of my/the patient’s personal and health information in the case study.
* I understand that I will be given a signed copy of this document to keep.

Patient’s full name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR

Full name of person with authority to consent on patient’s behalf (print):   
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Declaration by Case Study Author:

I have given a verbal explanation of the proposed publication and/or presentation of this case study and I believe that the patient/person with authority to consent on patient’s behalf has understood that explanation.

Author’s full name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_