



COLLEGE OF ENGINEERING AND INFORMATION TECHNOLOGY

Patient Consent Form for System Evaluation Testing

Patient Name: _____

Date: _____

I hereby give my voluntary consent to participate in the evaluation and testing of the **Development of a Web-Based Patient Record Management System**. I understand that the purpose of this evaluation is to improve the accuracy, usability, and overall functionality of the system for better clinic operations.

I acknowledge and agree to the following:

1. Confidentiality

- All personal information and data that I provide during the evaluation will remain confidential and will only be used for system testing and improvement.
- My information will **not** be disclosed, shared, or used outside the scope of the system evaluation.

2. Voluntary Participation

- My participation in this evaluation is completely voluntary.
- I may withdraw at any time without any impact on my ability to receive services from MHAIVIS Clinic.

3. No Risk to Medical Care

- My involvement in the evaluation does not affect the quality or availability of my medical care.

By signing below, I confirm that I have read and understood the above statements, and I agree to participate in the system evaluation.

Patient Signature: _____



LEVEL III

