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Faculty of Medicine, Nursing, and Health Sciences: Patient Consent Form

Patient/Client Case Study/ assignment Consent Form

Case Report/ Assignment Project Title:

Privacy Statement

Monash University values the privacy of every individual’s personal information and is committed to the protection of that information from unauthorised use and disclosure except where permitted by law. For information about the handling of your personal information please see the [Research Data Protection and Privacy Collection Statement](https://www.monash.edu/__data/assets/pdf_file/0010/1595269/Research-Data-Management-and-Privacy-Collection-Statement.pdf). For more information about Data Protection and Privacy at Monash University please see our [Data Protection and Privacy Procedure](https://www.monash.edu/__data/assets/pdf_file/0003/790086/Privacy.pdf).

If you have any questions about how Monash University is collecting and handling your personal information, please contact our Data Protection and Privacy Office at dataprotectionofficer@monash.edu.

Consent Statement

I agree to take part in the Monash University education task specified above. I have had the case study/ assignment explained to me, and I understand that agreeing to take part means that I am willing to:

I agree to have my data used by the student for the purpose of their university studies:  Yes  No

I understand that my participation is voluntary, that I can choose not to participate in part or all of the case study/assignment, and that I can withdraw at any stage without being penalised or disadvantaged in any way.

I understand that all attempts will be made to avoid the collection of names and identifying characteristics.

I understand that any information I provide is confidential, and that information that could lead to the identification of any individual will be avoided and not disclosed to any other party.

I understand that reports based on the interview(s) will be kept in a secure storage and accessible to the Unit examiners only. I also understand that the reports held by the university will be destroyed after the completion of the Unit.

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| Patient/Client name: |  |
| Signature of Patient/Client or Parent/Guardian: |  |
| Date: |  |
| Student’s name: |  |