**Request to Use Health Information for a Case Study**

**Study Title: [INSERT TITLE]**

**Principal Investigator:** Name

 Job Title, Affiliation

 Address

 Phone Number

**Co-Investigators:** Names

**Student Investigators:** Names

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_,

I hope this letter finds you well. I would like to ask your permission to use your medical chart information for a case study. Due to [DESCRIBE WHAT IS UNIQUE ABOUT THIS CASE], information about your case would be educational for other physicians and health care workers. If you agree to allow us to use your medical record for this study, we would need to access the following types of information: age, medical conditions, [DESCRIBE/SUMMARIZE VARIABLES IN LAYPERSON’S TERMS].

Your decision to allow your health information to be used for a case study is entirely voluntary. You are free to say no without any impact on your current or future treatment. Although you will not benefit directly from allowing your case to be presented, this information will help to advance our understanding of [MEDICAL CONDITION/TOPIC OF STUDY].

**Privacy and Confidentiality**

Although there is always a slight risk of loss of anonymity when working with personal health data, your privacy will be respected and all reasonable efforts will be made to protect your information. Only [NAME(S)] and myself will have access to information identifying you. All of the data used for this study will be de-identified, which means that information such as your name, medical record number, and Saskatchewan health card number will not be included in the database or in reports of the results.

While working on the project, your de-identified data may be kept on a password protected USB drive used by the investigators, which will be locked away when not in use. Data will be stored on password-protected computers in the offices of [NAME(S)] and myself and will be permanently destroyed five years after the results have been published.

**Deciding to Withdraw**

If you agree to allow us to use your information for this case study and then change your mind, you may ask us to remove your data. This decision will not affect your care in any way. We can accommodate this request up until we have started analyzing your data. After this point, it may not be possible to withdraw your information.

**For More Information**

You may see a copy of the final case study if you wish. If you have any questions, you may speak to me at the phone number listed above.

**If you give permission** for the individual(s) listed above to use your personal health information for this case study, I kindly ask that you sign the next page and return a copy to me in the postage paid envelope enclosed. You may also contact [NAME] at [EMAIL AND/OR PHONE NUMBER] if you agree to allow your medical chart to be used for this case study and I will document your permission for our records.

**If you do not give permission**, no action is required on your part.

Sincerely,

NAME

JOB TITLE, AFFILIATION

**Consent Statement**

**Study Title: [INSERT TITLE]**

* I have read (or someone has read to me) the information in this consent form.
* I understand the purpose and procedures and the possible risks and benefits of the study.
* I was given sufficient time to think about it.
* I had the opportunity to ask questions and have received satisfactory answers.
* I understand that I am free to withdraw from this study at any time for any reason and the decision to stop taking part will not affect my future relationships.
* I give permission to the use and disclosure of my de-identified information collected for use in this case study, as described in this form.
* I understand that by signing this document I do not waive any of my legal rights.
* I will be given a signed copy of this consent form.

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

Name of participant/patient (please print)

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

Participant/patient signature Date

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

Name of investigator (please print)

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

Investigator signature Date