*Hello [insert name of patient/personal representative]:*

*My name is [Insert Name] and I am a UNE medical student currently conducting a clinical rotation at [Name of Institution]. I would like to request your permission to use information about [your/your child’s/your relative’s] hospital stay and/or related treatment of [your/your child’s/your relative’s] condition for the purpose of writing a case study.*

*The case study would involve documenting and analyzing [your/your child’s/your relative’s] specific case, including relevant medical history, symptoms, diagnostic tests, treatment approaches, and outcomes. The information gathered would be used to contribute to the medical literature, share knowledge with healthcare professionals, and potentially improve patient care.*

*If you grant your permission, I would like to [publish or present] the case study [in a medical journal or at an upcoming conference/educational event].*

***Would you like to hear more so you can decide whether to take part?***

***NO*** *– Thank the patient/personal representative for their time and relay you will NOT present/publish the case study.*

***YES*** *– Continue with next section.*

*[Your/Your child’s/your relative’s] identity and personal information will remain confidential throughout the case study. Any identifying information will be removed or altered to protect [your/your child’s/your relative’s] privacy. However, complete anonymity cannot be guaranteed. It is possible that somebody somewhere, for example, somebody who looked after [you/your child/your relative] (e.g., your doctor or a relative), may recognize [you/your child/your relative].*

*Taking part in this case study is completely voluntary. You may choose not to take part, or you may change your mind at any time. However, once the case study is [published or presented], it will not be possible for you to withdraw your consent. Your decision will not result in any penalty or loss of benefits to which [you/your child/your relative] are entitled, including the quality of care [you/your child/your relative] receive(s).*

***Do you have any questions for me?***

***PAUSE***

***Would you like to participate in this case study?***

***NO*** *– Thank the patient/personal representative for their time and relay you will NOT present/publish the case study.*

***YES*** *– Continue with next section.*

*Thank you for your permission! [Circle the response provided by the patient/personal representative below]*

* *Would you like me to provide you with a written summary of our conversation today for your records? [****Yes*** *or* ***No****]*

*If yes, please provide me with your e-mail or mailing address.*

*Should you have any questions or concerns at any point, feel free to contact me at [contact Information].*

***When verbal consent has been obtained, please record the following information:***

|  |  |
| --- | --- |
| Patient/personal representative name: |  |
| Date of verbal consent (MM/DD/YYYY): |  |
| Who provided verbal consent? | [ ]  Patient [ ]  Personal Representative |
| If necessary, a description of the personal representative’s legal authority to provide consent for the patient: |  |
| Name of individual who conducted the consent conversation: |  |