

Appendix 4 – Consent for medical record access by participants

PT ID

SA PARTICIPANT CONSENT FORM

Project title: CareTrack Australia

Researcher's name and contact details: Professor Bill Runciman
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- I have read the Participant Information Sheet and understand the nature and purpose of the research project and my involvement in it and agree to take part
- I understand that I may withdraw from the research project at any stage and that this will not affect my status now or in the future.
- I understand that while information gained during the study may be published, I will not be identified and my personal results will remain confidential.
- I understand that information will be recorded from my healthcare records, but this will be stored with a unique identity with no personal identifiers.
- I understand that I may be contacted to participate in an interview about my experiences with my healthcare and my healthcare providers.

Name of participant

Signed

Dated

I have provided information about the research to the research participant and believe that he/she understands what is involved.

Researcher's signature and date



This project has been approved by the Southern Adelaide Flinders Clinical Human Research Ethics Committee. If you have any ethical concerns about the project or questions about your rights as a participant, please contact Associate Professor Simon Carney, Chairman SAFC HREC on 8204 4507 or email research.ethics@health.sa.gov.au