

PATIENT CONSENT FOR CASE REPORT PUBLICATION

Practice Name: _____ Chiropractor: _____

PATIENT INFORMATION

Name: _____ Date of Birth: _____ File Number: _____

ABOUT THIS CASE REPORT

Purpose: Your chiropractor wishes to write about your case for publication in a professional journal or educational material. This will contribute to chiropractic knowledge and may help other patients with similar conditions.

Information to be Included | Privacy Protection

- Medical history relevant to treatment | • Your name will NOT be used - you remain anonymous • Symptoms, examination findings, diagnosis | • All identifying information will be removed • Treatment methods and your response | • Photos (if used) will not show identifying features • Follow-up progress information | • Location described in general terms only • Relevant test results (if applicable) | • You cannot be identified from the report

Your Rights | Publication Use

- Refuse consent without affecting your care | • Professional medical journals • Withdraw consent any time before publication | • Conference presentations • Request to review report before submission | • Educational materials • Ask for certain details to be excluded | • Research purposes

PATIENT ACKNOWLEDGMENT & CONSENT

☐ I have read and understood this consent form and had the opportunity to ask questions
☐ I understand my identity will be kept confidential and I cannot be identified from the report
☐ I understand the report may be published and used for professional/educational purposes
☐ I understand I can withdraw consent any time before publication without affecting my care
☐ I VOLUNTARILY CONSENT to the use of my clinical information for a case report as described above

PATIENT CONSENT

I voluntarily give my consent for my clinical information to be used in a case report as described above.

Patient Name: _____ **Signature:** _____ **Date:** _____

PARENT/GUARDIAN (*if patient under 18 or unable to consent*)

Parent/Guardian Name: _____ Signature: _____ Date: _____

CHIROPRACTOR DECLARATION

I confirm I have explained the case report purpose and answered all questions.

Chiropractor Name: _____ **Signature:** _____

Date: _____ **Rego No:** _____

Questions or Concerns? Contact your chiropractor or the Chiropractic Board of Australia (www.chiropracticboard.gov.au, 1300 419 495)

Complies with Australian Privacy Act 1988, Australian Privacy Principles, and AHPRA Guidelines

Practice Use: ☐ Copy to patient ☐ Original to file ☐ Consent date recorded