

Consent Form for Case Reports

Case Report Title: A Case of Cutaneous Leishmaniasis in USA (Title may change)

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Introduction

You are being asked to consider allowing Ashaur Azhar to use information about your hospital stay and related treatment for your illnesses, and to write what is called a case report. Case reports are typically used to share new unique information experienced by one patient during his/her clinical care that may be useful for other physicians and members of a health care team. A case report may be published (in print, electronically or both) for others to read, and/or presented at a conference. This form explains the purpose of this case report. Please read this form carefully and take your time to make your decision and ask any questions that you may have.

Why is this case report being done?

The purpose of this case report is to inform other physicians about the signs, symptoms, course, and treatment of Leishmaniasis.

What will happen if I agree to be a part of this case report?

Ashaur Azhar and other authors will collect information from the medical record to write an academic report on your presentation, course, and treatment. Your information being used for this case report includes laboratory values, radiology images, specimen photos, operative reports, pathology reports, and physician notes from your episodes of care related to this illness in University Medical Center, New Orleans and its Clinic.

Ashaur Azhar is obligated to protect your privacy and not disclose your personal information (information about you and your health that identifies you as an individual e.g. name, date of birth, medical record number). When the case report is published or presented, your identity will not be disclosed. No photos or images that could identify you will be used.

Are there any risks in being a part of this case report?

Although your personal information collected or obtained will be kept confidential and protected to the fullest extent of the law, there is a limited risk associated with this case

report that could result in a loss of confidentiality by virtue of your unique experience.

Are there any benefits in being a part of this case report?

You will not directly benefit from participating in this case report. The information that can be shared with other health care professionals, however, may improve the care that is received by others in the future.

Allowing your information to be used in this case report will not involve any additional costs to you. You will not receive any compensation.

Your participation in this case report is voluntary

Taking part in this case report is your choice (voluntary). You may choose not to take part or you may change your mind at any time. However, once the case report is written and published, it will not be possible for you to withdraw it. Your decision will not result in any penalty or loss of benefits to which you are entitled including the quality of care you receive.

You will be told about any new information relating to this case report that may affect you.

Your signature below means that you have read the above information about this Case Report and have had a chance to ask questions to help you understand how your information will be used and that you give permission to allow your information to be used in this case report.

If you have any additional questions regarding the case report or its publication/presentation, please contact Ashaur Azhar at Telephone: 504-568-5031.

You may also contact the Office of the Chancellor by phone at (504) 568-4801, if

- you have questions about your rights while taking part in this case report, or
- you have any concerns or suggestions, or
- want to talk to someone other than the researchers about the case report.

SUBJECT CONSENT TO PARTICIPATE

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Name of Participant: [REDACTED]

Participant/Substitute decision-maker:

By signing this form, I confirm that:

- The case report has been fully explained to me and all of my questions have been answered to my satisfaction.
- I have been informed of the risks and benefits, if any, of allowing my information to be used in this case report.
- I understand that all efforts will be made to conceal my identity, but full anonymity cannot be guaranteed.
- I have been informed that I do not have to participate in this case report, and this refusal will not affect my medical care in any way.
- I have read each page of this form.
- I authorize access to my personal health information (medical record) as explained in this form.
- I give consent for the material listed in this form to be shown to appropriate health care professional staff, and published in educational publications, journals, textbooks in any form or medium anywhere in the world without time limit.
- I have agreed to participate in this case report, in sound mind, and free of any duress.

[REDACTED]
Participant / Substitute
Decision-Maker (Print Name)

[REDACTED]
Signature

9/4/19
Date