

## **Consent Form**

Title of Abstract:
Corresponding Author:
Faculty Supervisor:
_ [insert full name], give my consent for information about myself/my family member relating to the abstract listed above to be presented at the Rocky Mountain Internal Medicine 2020 conference, and published in the Canadian Journal of General Internal Medicine (CJGIM).
Person named above is the: ☐ Patient ☐ Substitute decision-maker ☐ Relative
I understand the following:
<ol> <li>The information will be written, submitted, and published without the patient's name of identifying features attached.</li> </ol>
<ol> <li>We will make every attempt to ensure anonymity; however, it is understood that complete anonymity cannot be guaranteed, given that another healthcare provider or relative may be able to identify you based on your medical presentation.</li> </ol>
<ol> <li>If the above-named abstract is accepted for publication, it will be published in the onlin and print versions of the CJGIM, and therefore may be seen by both physicians and nor physicians alike.</li> </ol>
Signature:
Date:
Witness:
Witness name (please print):



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## ROCKY MOUNTAIN Internal Medicine

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Corresponding Author: Dr. Noreen Singh
Faculty Supervisor: Dr. Rahima Bhanji
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