



## Banff Sport Medicine

### **INFORMED CONSENT TO ALLOW PATIENT MEDICAL INFORMATION TO BE ACCESSED IN DATABASE FOR RESEARCH PURPOSES**

Banff Sport Medicine Clinic is actively involved in research to achieve excellence in the clinical care and surgical reconstruction of sport trauma, in order to provide the best-possible outcomes for our patients. To do this research, the physicians at Banff Sport Medicine compile patient files in a computer database. Information placed onto this system includes details such as your injury type, your rehabilitation program, your sporting activities, age, gender and name. Once compiled patient names are removed and the information is analyzed to assess things such as how often a specific injury occurred, the sports involved and how injuries were rehabilitated.

Your name is needed to identify your file and to identify cases with more than one injury. Should you decide to allow us to use your medical file in this way, your medical history will be kept in strictest confidence. Your name will not appear in any research report, nor will it be made available to persons other than those involved in your health care, their staff and their research associates. This information may also be used for the purposes of contacting you in the future regarding participation in research. There are no perceived risks or benefits associated with your participation. Should you refuse to allow us to use your medical file or if you withdraw your consent, your care will not be compromised in any way.

Your signature on this form indicates that you authorize the custodian of your health records (your physician at the Banff Sport Medicine Clinic) to disclose your personal health information for research purposes. You enter this program willingly and may withdraw your consent at anytime without prejudice to future health care. You have understood to your satisfaction why you have been asked to disclose this information and are aware of the risks or benefits of consenting or refusing to consent.

#### **CONSENT**

I have read the above information and understand that the purpose of allowing my file data to be used is for research. I understand that I may withdraw my consent at any time without prejudice to further health care. I allow my name and personal health information to be placed on the computer database for the purpose of research or for contacting me for a research study.

**I agree to have my patient information on the Banff Sport Medicine Clinic Database used for research purposes or to be contacted by the Banff Sport Medicine Research Group.**

**I do not agree to have my patient information on the Banff Sport Medicine Clinic Database to be used for research purposes or to be contacted by the Banff Sport Medicine Research Group.**

**Patient Signature** \_\_\_\_\_

**Patient Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*If you have any questions regarding the database or its use please contact your physician at the Banff Sport Medicine Clinic at 403.760.2897. This information is collected under the authority of the Health Information Act. The above information is collected for clinical and research purposes only.*

BANFF SPORT MEDICINE

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[www.banffsportmed.ca](http://www.banffsportmed.ca)

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