

IMPORTANT: This form must be fully completed, and include all signatures. It must not be returned to the RACGP unless so directed.

Patient name (print name)

Guardian name (if patient unable to consent)

Brief description of the health information

information

Article title/intended use

purpose

Treating practitioner/author (print name)

PLEASE READ THIS CONSENT CAREFULLY.

IT GRANTS THE RACGP THE RIGHT TO COLLECT, USE AND DISCLOSE YOUR HEALTH INFORMATION

The RACGP regularly incorporates patient health information, whether in its peer-reviewed academic journal *Australian Family Physician (AFP)*, or as part of examination materials for general practitioners. Wherever practical, the RACGP accepts only de-identified information. However, despite any de-identification process, complete anonymity cannot be guaranteed. If so, or where particular or unique information must be featured, patients may become identifiable.

In receiving the *information*, the RACGP will only use it for the *purpose*. This may involve disclosure publically or on the internet, where the *information* may be available for an indeterminate period. For your information, AFP has a readership of approximately 35,000 people monthly, mostly to Australia's general practitioner community, whereas *information* incorporated in examination materials has a more limited exposure (to candidates and examiners).

For these reasons, and pursuant to the relevant privacy laws, the RACGP requires patients' informed consent. By signing below, that consent is provided. Do not sign this form before reviewing the *information* and proposed *purpose*, to ensure you accept these risks. If the *information* is for publication, you should review the article itself before signing. If you have any queries, please consult your treating practitioner.

By signing below, I represent to the RACGP for its benefit:

1. I have read and understood the above, and the context in which the *information* may be used.
2. I have had the opportunity to review the *information* (or article as applicable) before signing.
3. I acknowledge my consent cannot be withdrawn prior to publication.
4. I consent to the RACGP collecting, using and disclosing the information for the *purpose*.
5. If signing as a guardian, I have lawful authority to sign on behalf of the patient.

Patient/guardian signature

Witness signature

Date

Witness (print name)

Item bank number (RACGP USE ONLY)