



Client/Patient Confidentiality

Where a patient/client study is undertaken, informed consent from the individual/s studied must be obtained. Care must be taken to ensure confidentiality is maintained at all times. Failure to obtain a signed, original Consent Form or other unethical behaviour in the performance of a case study (such as putting the subject's real name on the report, or otherwise breaking confidentiality) will result in a mark of zero being given for the assignment.

Please sign and return this page with your case study.

Name:

Date:/...../.....

Please complete and retain the attached consent form.



PATIENT/CLIENT CONSENT FORM

Project Title: _____

Description: _____

NOTE: This consent form is to be retained by the student and kept secure. At the completion of the unit it should be disposed of in a secure fashion.

Students may be asked by the Unit Coordinator to provide this form as proof that consent has been obtained.

I agree to take part in the Monash University project specified above. I have had the project explained to me, and I have read the Explanatory Statement, which I keep for my records. I understand that agreeing to take part means that I am willing to:

(Student to list all procedures relevant to data collection)

▪

I agree to be interviewed by the student **Yes** **No**

I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalised or disadvantaged in any way.

I understand that any data that the student extracts from the interview for use in reports will not, under any circumstances, contain names or identifying characteristics.

I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party.

I understand that reports based on the interview(s) will be kept in a secure storage and accessible to the Unit examiners only. I also understand that the reports held by the university will be destroyed after the completion of the Unit.

Participant's name: _____

Signature: _____

Date: _____

Interviewer's name: _____