



## RCPE Consent Form: Clinical Information

Clinical information from clinical cases plays a key part in the education of medical staff. This form asks for your permission to use clinical information about your condition for educational purposes, via a restricted-access website.

Every effort will be made to make the information presented anonymous, so that others cannot identify you or family members (for rare inherited or genetic disease). Anonymisation may not fully protect your identity so we need your permission to use these details.

**Please complete the details below** (to be completed by the patient, next of kin or their representative)

I give my permission for information about my condition to be used as follows.

### Restricted educational use

1. Shown to medical students, doctors and healthcare professionals for educational purposes.
2. Used to create e-learning material for use on a secure limited-access website for health professionals in the UK and internationally.

I understand that I may be identifiable from the information used. I declare, in consequence of granting this permission, that I have no claim on ground of breach of confidence or on any ground in any legal system against (*name of doctor/nurse*) \_\_\_\_\_ in respect of the use of this information.

Signature of patient <i>or</i> representative	Date
_____	_____
Name of patient or representative	
_____	
Name of medical professional	
_____	
Job title/Dept	
_____	
Signature of doctor/nurse	Date
_____	_____