



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

The Running Injury Clinic in the Faculty of Kinesiology at the University of Calgary compiles patient files into a computer database. Information placed onto this system includes details such as your injury type, your rehabilitation program, your sporting activities, your clinical and biomechanical assessment information, age, gender and name. Once compiled, this information can be analyzed to assess things like how often a specific injury occurred, the activities involved and the rehabilitation protocols used to treat your injuries. This information may also be used for the purposes of contacting you in the future regarding participation in research.

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. There are no perceived risks or benefits associated with your participation. Should you refuse to allow us to use your medical file or you withdraw your consent, your care will not be compromised in any way.

By agreeing, you authorize the custodian of your health records (Parkway Physiotherapy + Performance Centre, Running Injury Clinic and Dr Reed Ferber) to disclose your personal health information for research purposes only. You enter this program willingly and may revoke 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 Running Injury Clinic Database used for research purposes or to be contacted for research purposes.

I do not agree to have my patient information on the Running Injury Clinic Database to be used for research purposes or to be contacted for research purposes.

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

Patient Signature: \_\_\_\_\_

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

*If you have any questions regarding the database or its use please contact Dr Reed Ferber at 403.220.5193*

*This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. The above information is collected for research purposes only.*