



Capital Health

## INSPIRED COPD Outreach Program™ Consent Form

As part of your medical care within the INSPIRED COPD Outreach Program™, we wish to maintain an electronic database/registry record of your visits/admissions to hospital and some of your COPD-specific information (like results of lung function tests, smoking history, times you have used antibiotics, and so on). We use this information to monitor clinical care and to help communicate details of your treatment to other clinicians when necessary. From time to time, research studies may be conducted using the information contained in the INSPIRED COPD Outreach Program™ database/registry. The Capital Health Research Ethics Board must approve all such research projects before the research begins. No information that would identify you personally will be collected or reported as part of the research. We are asking for your consent to include your personal health information in our database/registry. You are free to refuse to provide consent for this; your refusal will not affect your care in any way. If you give your consent, your information will be accessible only by the medical team and research personnel who have been approved to do so. You also maintain the right to view your personal health information and ask to have appropriate corrections made. Your information will not be sold to outside agencies. Your privacy will be protected at all times. The hospital and research staff has professional and legal responsibilities to maintain the confidentiality of all patients' health information. Dr. Graeme Rocker is responsible for this Clinical Service and Database/registry.

### CONSENT AND SIGNATURES

I have reviewed all the information on this form as it relates to the development of the INSPIRED COPD Outreach Program™ database/registry. I have been given an opportunity to discuss this request and all of my questions have been answered to my satisfaction.

I agree to allow the people described in this form to have access to my health records. The signature on this consent form means that I agree to allow my personal information to be included in the database/registry. I also understand that I am free to withdraw my information at any time.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
SIGNATURE OF PARTICIPANT                      NAME (PRINTED)                      YYYY   MM   DD

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
WITNESS TO PARTICIPANT'S                      NAME (PRINTED)                      YYYY   MM   DD  
SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
SIGNATURE OF PERSON                      NAME (PRINTED)                      YYYY   MM   DD\*  
CONDUCTION CONSENT DISCUSSION

**\*Note: Please fill in the dates personally. A copy of this form will be provided upon request.**