

Appendix 8 – Healthcare provider consent (medical records)

SA HEALTHCARE PROVIDER CONSENT FORM

(Medical Records)

PT ID:

HCP ID:

Project title: CareTrack Australia

Researcher's name and contact details: Professor Bill Runciman

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- I have read the Healthcare Provider Information Sheet and understand the nature and purpose of the research project and my involvement in it and agree to take part
- I understand that I may withdraw from the research project at any stage and that this will not affect my status now or in the future.
- I understand that while information gained during the study may be published, I will not be identified and my personal results will remain confidential.
- I understand that a CareTrack Australia surveyor will require access to healthcare records to extract data. I have no objection to this.

Name of healthcare provider

Signed

Dated

Address

I have provided information about the research to the research participant and believe that he/she understands what is involved.

Researcher's signature and date



participant, please contact Associate Professor Simon Carney, Chairman SAFCHREC on 8204 4507 or email research.ethics@health.sa.gov.au