

Appendix 9 – Healthcare provider consent (interview)

SA HEALTHCARE PROVIDER CONSENT FORM

(Interview)

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 I may be contacted to participate in an interview about the management of aspects of a condition of one of my patients. The interview will be via telephone and the interviewer will not be able to identify me or my practice or healthcare facility.

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

This project has been approved by the Southern Adelaide Flinders Clinical Human Research Ethics Committee. If you have any ethical concerns about the project or questions about your rights as a participant, please contact Associate Professor Simon Carney, Chairman SAFCHREC on 8204 4507 or email research.ethics@health.sa.gov.au