

**Annexure A: CONSENT FOR ACCESS TO PERSONAL HEALTH CARE INFORMATION**

I \_\_\_\_\_ hereby give my consent for the responsible author below to access my personal health care information in order to compile a *Case Report* to be considered for publication in the South African Journal of Pre-hospital Emergency Care. I confirm that the author has explained the nature and purpose of a *Case Report* to me, and that he/she has also explained to me what information is required for this purpose. My consent is given with the following understanding, and is conditional upon the following:

1. My identity will be protected at all times. No information (either singular or aggregated) will be used in the *Case Report* that could identify me and all of my personal health care information will be protected so that only the author will have access to it during the process of writing the *Case Report*.
2. If the required personal health care information includes any kind of image (e.g. photograph, x-ray or ultrasound image) the author will ensure that identifiable features in these images are removed or otherwise altered so that identification of me from them is not possible.
3. All of my personal health care information will be returned, either to me or to the relevant health care facility, on conclusion of the *Case Report* writing process. No copies of my personal health care information will be retained by the authors after the *Case Study* writing process is concluded.
4. I will have an opportunity to see the final version of the *Case Report* (including any images, if applicable), as it will be published, before it is published and I will reserve the right to withdraw my consent for the use of my personal health care information in the *Case Report* if I am not satisfied that the conditions listed above have been complied with.
5. I may withdraw my consent for the responsible author to access or use my personal health information for writing a *Case Report*. It is possible for me to do this up until the time when the case report has been published in the South African Journal of Pre-hospital Emergency Care. Once the *Case Report* has been published it will not be possible to withdraw my consent.

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

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

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

Responsible Author: \_\_\_\_\_

Responsible Author Signature: \_\_\_\_\_

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

*In the event that the patient, who is the proposed subject of a Case Report, is incapacitated (i.e. not able to give informed consent for access to personal health care information) then a proxy may be approached for the purposes of obtaining consent. Proxies include (in preferred order) spouse or partner, parent, grandparent, adult child, brother or sister. In such cases, the section below should be completed:*

I \_\_\_\_\_ hereby give my consent, on behalf of \_\_\_\_\_ (the patient) for the responsible author below to access the patient's personal health care information in order to compile a *Case Report* to be considered for publication in the South African Journal of Pre-hospital Emergency Care. I confirm that the author has explained the nature and purpose of a *Case Report* to me, and that he/she has also explained to me what information is required for this purpose. My proxy consent is given with the following understanding, and is conditional upon the following:

1. The patient's identity will be protected at all times. No information (either singular or aggregated) will be used in the *Case Report* that could identify the patient and all of the patient's personal health care information will be protected so that only the author will have access to it during the process of writing the *Case Report*.
2. If the required personal health care information includes any kind of image (e.g. photograph, x-ray or ultrasound image) the author will ensure that identifiable features in these images are removed or otherwise altered so that identification of the patient from them is not possible.
3. All of the patient's personal health care information will be returned to the relevant health care facility on conclusion of the *Case Report* writing process. No copies of the patient's personal health care information will be retained by the authors after the *Case Study* writing process is concluded.

4. I will have an opportunity to see the final version of the Case Report (including any images, if applicable), as it will be published, before it is published and I will reserve the right to withdraw my proxy consent for the use of the patient's personal health care information in the *Case Report* if I am not satisfied that the conditions listed above have been complied with.
5. I may withdraw my proxy consent for the responsible author to access or use the patient's personal health information for writing a *Case Report*. It is possible for me to do this up until the time when the case report has been published in the South African Journal of Pre-hospital Emergency Care. Once the *Case Report* has been published it will not be possible to withdraw my proxy consent.

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

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

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

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

Responsible Author: \_\_\_\_\_

Responsible Author Signature: \_\_\_\_\_

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