



Client/Patient Confidentiality

Where a patient/client study is undertaken, informed consent from the individual/s studied must be obtained. Care must be taken to ensure confidentiality is maintained at all times. Failure to obtain a signed, original Consent Form or other unethical behaviour in the performance of a case study (such as putting the subject's real name on the report, or otherwise breaking confidentiality) will result in a mark of zero being given for the assignment. Patient information must have identifiable personal information removed. Where identifiable personal information is not required for assessment purposes, there is no need to collect it. For further guidance about Client/Patient Confidentiality and personal information, please refer to clause 4.5 of the [Student Placement Guide](#).

Please sign and return this page with your case study.

Name:

Date:/...../.....

Please complete and retain the attached consent form.



PATIENT/CLIENT CASE CONSENT FORM

Project Title: _____

Description: _____

NOTE: This consent form is to be retained by the student and kept secure. At the completion of the unit it should be disposed of in a secure fashion.

Students may be asked by the Unit Coordinator to provide this form as proof that consent has been obtained.

I agree to take part in the Monash University project specified above. I have had the project explained to me, and I have read the Explanatory Statement, which I keep for my records. I understand that agreeing to take part means that I am willing to:

(Student to list all procedures relevant to data collection)

I agree to be interviewed by the student **Yes** **No**

I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalised or disadvantaged in any way.

I understand that any data that the student extracts from the interview for use in reports will not, under any circumstances, contain names or identifying characteristics.

I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party.

I understand that reports based on the interview(s) will be kept in a secure storage and accessible to the Unit examiners only. I also understand that the reports held by the university will be destroyed after the completion of the Unit.

Participant's name: _____

Signature: _____

Date: _____

Interviewer's name: _____