

NORTH SHORE PRIVATE HOSPITAL ICHOM LOW BACK PAIN STUDY

CONSENT

Patient Consent to take part in NSPH ICHOM Low Back Pain Study:

I have read and understood the Patient Information Statement (PIS) in relation to the Study. I have had an opportunity to ask questions and have received satisfactory responses to any questions asked.

I understand that:

- a) as part of this Study my personal information will be collected and stored on a data base in accordance with the Privacy Act 1988 (Cth) and that no identifiable personal information will be published or disclosed to any third party other than as stated in the PIS or as required by law.*
- b) for the purposes of this Study, the Investigators may require access to my medical records held by the hospital at which I have been admitted.*
- c) I can withdraw from this Study at any time without giving reasons and without it affecting my current or future medical care. By signing this form below, I consent to participate in this Study.*
- d) I will receive a copy of this signed consent form.*

(Signature)

(Print name)

Date:

(Witness signature)

Please forward the consent form to:

Nazy Farnaz Sanaei
NSPH ICHOM Study Coordinator
Executive Suite, North Shore Private Hospital
Westbourne Street, ST LEONARDS, NSW, 2065

Alternatively, you can email a scanned copy of the consent form to:
sanaeif@ramsayhealth.com.au