



# ROCKY MOUNTAIN Internal Medicine

## Consent Form

Title of Abstract: \_\_\_\_\_

Corresponding Author: \_\_\_\_\_

Faculty Supervisor: \_\_\_\_\_

I, \_\_\_\_\_ [insert full name], give my consent for information about myself/my family member relating to the abstract listed above to be presented at the Rocky Mountain Internal Medicine 2019 conference, and published in the Canadian Journal of General Internal Medicine (CJGIM).

Person named above is the:  Patient  
 Substitute decision-maker  
 Relative

I understand the following:

1. The information will be written, submitted, and published without the patient's name or identifying features attached.
2. The CJGIM will make every attempt to ensure my anonymity; however, it is understood that complete anonymity cannot be guaranteed, given that another healthcare provider or relative may be able to identify you based on your medical presentation.
3. If the above-named abstract is accepted for publication, it will be published in the online and print versions of the CJGIM, and therefore may be seen by both physicians and non-physicians alike.

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

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

Witness: \_\_\_\_\_

Witness name (please print): \_\_\_\_\_