



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 2020 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. We will make every attempt to ensure 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): _____