

Example

Informed consent

Improving the Breast Service for patients

What are we doing?

The Breast Service at Waitemata District Health Board (DHB) is holding a workshop on 6th March at North Shore Hospital to help develop new mammography gowns with patients. We invite you to attend the workshop. You can indicate your interest by reading and signing the page below.

Why are we doing this?

In previous work both patients and staff have told us the gowns could be improved.

How are we doing this?

We are holding a three-hour workshop with staff, patients and design students to summarise key issues and ideas for resolving them. The design students will make 'rough gowns' to help patients and staff experiment with solutions. The students will present these initial versions at the end of the workshop, and will then develop real versions as part of their course work. A fashion show will be held in a few months to give students feedback and to help select one or more final versions (you can attend this as well!).

What do you need to do?

If you would like to attend the workshop, please read and sign the form and attend the workshop on [time and date], to be held at [location]. You may bring a family member or friend if you wish. You will be asked to work with staff and design students to help design better mammography

gowns. This will involve talking about your experiences with gowns and your ideas for better ones. You may also be asked to act as a model, in which case students will be sketching, sizing and mocking up a gown that fits you to your satisfaction.

What do you need to be aware of?

We need your consent to these things:

- You take part anonymously. Your details and anything you say in the workshop remain confidential. We ask you to keep the details and comments of other attendees confidential too.
- We may use quotes from attendees and photos from the workshop in reporting within Waitemata DHB but will not identify you in any way.
- You don't have to take part. You take part only if you are completely willing and you can withdraw at any time (no questions asked).
- Taking part (or not) does not affect your treatment in any way.
- We do not expect the workshop to pose harm or distress in any way. In case it does, we will provide care and support for you.
- If you have any feedback, you can contact [add name] on [phone] or [email]. If you need to make a complaint anonymously, you can also contact the Health & Disability Commission on [phone] or [email].

Yes, I agree to take part on the above conditions.

Name: _____ Phone: _____

Email _____

Signature _____ Date _____