

Patient Interviews – **PATIENT CONSENT FORM**

First & Last name of participant	
DOB	
Address	
Telephone Number	
Email	

1. I confirm that I have read and understood the Patient Brief and have had the opportunity to ask questions.
2. I agree to take part in the interviews
3. I understand that my participation in this interview is voluntary and I am free to withdraw at any time.
4. I understand that my interview may be used for training purposes and in Team meetings throughout the National Health Service.
5. I understand that my comments (or part of them) may be used in different formats such as paper / electronic to share with others the benefits of designing services that are based on patient experience. This will include staff in health and other related industries both within and outside the UK.
6. I understand that any of my comments used may be edited and may appear anonymously in written form.
7. I understand that the organisation does not have to use my comments in any form.
8. I understand that confidentiality will only be broken if issues around safeguarding arise from the information I provide.
9. I understand that my comments may be used on social media websites (such as Facebook) and I understand that the Trust cannot control or retract material once it is within circulation on social media site.
10. I understand that the Trust may share my comments with other appropriate agencies and that such agencies will follow the Trust confidentiality policies.

**To give your consent, please complete the following:**

\_\_\_\_\_  
*NAME OF PARTICIPANT* \_\_\_\_\_  
*DATE*

\_\_\_\_\_  
*SIGNATURE*

Or, \_\_\_\_\_  
*Signature of parent, guardian or representative if the person being interviewed is aged under 16 or is unable to provide consent for themselves.*

\_\_\_\_\_  
*NAME OF INTERVIEWER(S)* \_\_\_\_\_  
*DATE*

\_\_\_\_\_  
*SIGNATURE*

\_\_\_\_\_  
*NAME OF INTERVIEWER(S)* \_\_\_\_\_  
*DATE*

\_\_\_\_\_  
*SIGNATURE*