Surgical Services

700 Coronation Blvd., Cambridge, Ontario N1R 3G2 Tel: 519-621-2330





Photo/Email Collection Consent Form

CMH requires Patient Consent to:

- correspond by email with surveys for "Patient Reported Outcome Measures" (PROMs)
- submitting a joint/incision photo for evaluation and/or future educational purposes.

Dear Patient,

Cambridge Memorial Hospital (CMH) is working with the Ministry of Health and Long Term Care (MOHLTC) to improve your health care services. Ontario patients having a total hip replacement or a total knee replacement are asked to complete short surveys before and after their surgery which are referred to as Patient Reported Outcome Measures (PROMs) and takes about 5 minutes to complete.

Detailed information is provided in the accompanying document "Hip and Knee Patient-Reported Outcome Measures Survey FAQ".

Because you will not be returning to the hospital during the 3 month and 1 year check point, we want to invite you to complete the last 2 surveys online.

In the event you call and express concerns related to your joint/incision you may be asked to submit a photo of your incision for a clinician to review. We are asking your permission to use this photo (with no identifiers present) for future educational purposes.

Today, we are asking permission to collect your email address so that we can email you a link for the survey to be completed 3-5 months after your surgery, and 1 year after your surgery.

By signing this consent, you acknowledge that you have read and understood the information contained in it. This signed document will be stored in your health record.

Survey Email Consent

	I do consent to receive the PROMs survey link via email
	I DO NOT consent to receive the PROMs survey link via email
Photo Consent	
	I consent to use a photo of my wound that I submit for future educational purposes (There will be no identifiers present)
	I DO NOT consent to use my submitted photo for future educational purposes.
*To withdraw consent, contact Health Records (519-621-2330, Ext. 1382).	
Email:	
Date:	
_	(Day/Month/Year)
Name	(please print) Signature