Effect of Longitudinal Care in Primary Health Care: An Analysis from the Patient's Perspective

February 2024

Acronym: CUALIPRIM

Informed Consent Form

Project Title: *Longitudinality in Primary Health Care: an analysis from the patient's perspective*.

Surname and Name: .....
ID Number (DNI / NIE): .....
Health Card Number (NUHSA): .....

PROFESSIONALS INVOLVED IN THE INFORMATION AND/OR CONSENT PROCESS

The following professionals declare that they have provided the information related to participation in the project:

Surname and Name – Date – Signature
.....

CONSENT

I, Mr./Ms. ....., declare under my responsibility that I have read and understood the Information Sheet, of which I have been given a copy.

I have received sufficient information regarding my participation in the project, regarding the use of my personal data .....
and associated information. I have been able to ask questions about the information received and speak with the designated professional, who has resolved all the doubts I presented.

I understand that my participation is voluntary.
I understand that all my data will be treated confidentially, in accordance with Organic Law 3/2018 of 5 December on Personal Data Protection and guarantee of digital rights.
I understand that I may withdraw from the study:
– Whenever I wish.
– Without having to provide any explanation.
– Without this affecting my medical care.

I give my consent for my clinical data to be processed in an anonymised manner (the samples/data cannot be linked to me, as the link between them and my identity has been irreversibly removed).

I am aware that I may revoke, at any time, the consent granted in this document.
(When data or samples are anonymised, this point does not apply.)

In ....., on the ..... day of ..... 20....

THE DONOR

Signature:

PARTICIPANT LEGAL REPRESENTATIVE
(only in cases of incapacity)

Signature:

EXAMPLE OF REVOCATION OF INFORMED CONSENT

I, Mr./Ms. ....., with ID number ....., declare that:

1. I have read the Information Sheet and the Revocation of Informed Consent document provided to me.

2. I have discussed and clarified any doubts regarding my revocation with Dr. .....

3. I hereby revoke the consent previously granted, which becomes invalid from this moment onwards.

4. My revocation is:
   □ **Total**
   □ **Partial**. Please specify: .....

In ....., on the ..... day of ..... 20....

Signature:

Regarding family members / guardians / legal representatives:

The patient Mr./Ms. ....., with ID number ....., does not have decision-making capacity at this time. Therefore, Mr./Ms. ....., with ID number ....., acting as ....., revokes the consent previously granted, which becomes invalid from this moment onwards.

In ....., on the ..... day of ..... 20....

Signature:

APPLICABLE REGULATIONS

- Law 14/2007, of 3 July, on Biomedical Research.
- Law 41/2002, of 14 November, basic law regulating patient autonomy and rights and obligations regarding clinical information and documentation.
- Royal Decree 1716/2011, of 18 November, establishing the basic requirements for the authorisation and operation of biobanks for biomedical research purposes and for the processing of human biological samples, and regulating the National Registry of Biobanks.
- Regulation (EU) 2016/679 of the European Parliament and of the Council, of 27 April 2016, on the protection of natural persons with regard to the processing of personal data and the free movement of such data (General Data Protection Regulation).
- Organic Law 3/2018, of 5 December, on Personal Data Protection and guarantee of digital rights.