Title: Informed Consent to Allow Access to Movement Disorders Centre Medical Records for Research

Investigator: Dr. Anthony Lang (416) 603-6422

Research is an essential part of developing and providing innovative treatments to our patients. It is important to us to be able to inform and invite our patients to participate in research at our centre. Identifying patients who might be eligible for a research study involves reading some parts of the patient's chart. Currently, each doctor must read his/her own patients' chart to find eligible patients.

We are asking you to allow us to review your medical records and contact you about the possibility of participating in various research projects that we and our collaborators are conducting. We are also asking your permission to use de-identified data available in your medical records to improve our knowledge and care. If you have not yet been seen in our clinic we are asking you to allow us to review the letter of referral provided by your doctor.

By signing this consent you are permitting research staff in our centre to read your records and see if you are eligible for a study. This form does not commit you to participate in any research.

If you are eligible for a research study, you may be contacted by telephone, mail, or email to explain the research and decide if you would like to participate. You may decide not to sign this form. This will not affect your care. Your physician may then contact you directly regarding any future research.

All staff involved in research completed a course on the importance of keeping your information confidential. The information obtained from your medical records will be used solely within the Movement Disorders Centre. No information that may identify you will be disclosed outside of the clinic.

If you have any questions about this form or your rights, you may contact the Chair of the University Health Network Research Ethics Board (UHN REB) at (416) 581-7849. The REB is a group of people who oversee the ethical conduct of research studies. The UHN REB is not part of the study team. Everything that you discuss will be kept confidential.

Consent:
I have read the above information and I hereby consent to allow the healthcare professionals and research team associated with the Toronto Western Hospital Movement Disorders Centre to have access to my medical records or referring doctor's letter for the purpose of determining eligibility in the Centre's research efforts and also as necessary for furthering the overall knowledge of movement disorders in general.

I agree that healthcare professionals and the research team associated with the Movement Disorders Centre may contact me to discuss research studies that I may be eligible to participate in. Please make your choice below:

☐ Yes ☐ No

I understand that I may withdraw my consent at any time, without affecting my medical care.

_____	_____	_____
Name of Patient (please PRINT)	Signature of Patient	Date

I confirm that I have explained the nature and purpose of the consent to the patient named above and I have answered all questions.

_____	_____	_____
Name of Person Obtaining Consent	Signature	Date

I confirm that I have verbally translated this consent form to the patient noted above, and in my opinion the patient has understood what I have explained to him/her.

_____	_____	_____
Name of Translator/ Relationship to Patient	Signature of Translator (if patient does not read or understand English)	Date