

Consent Form for the Use of Health Data for Recherche Purposes

Nom et prénom

Date de naissance

A I agree that my health data collected during care (outpatient consultations and hospitalizations) may be stored, transmitted, and used for research purposes.

☐ YES

☐ NO

B Confirmation of my decision

I have understood ..

- The explanations about the reuse of my clinical data for research purposes, as detailed in the information brochure.
- That I'm free to contact a healthcare professional in charge of my care at the Fondation de Nant for more information and explanations.
- That my personal data is protected and will only be used for research in a coded or anonymized manner.
- That my data can be used in national and international research projects, in both the public and private sectors.
- That my decision is voluntary and has no effect on my medical treatment.
- That my decision is valid indefinitely unless I withdraw my consent.
- That I can withdraw my consent at any time without having to justify my decision.
- That if I check "NO" at point A and sign this declaration, my clinical data cannot be used for research.
- That if I do not sign the consent form (no response), the law provides that my data may exceptionally be used if the competent ethics committee grants its special authorization.

Place and date

Patient's signature