

Conductor Pathway Consent Form

Boise Kidney and Hypertension Institute is asking your permission to review your medical records over the course of your care with chronic kidney disease and the transition to dialysis. The purposes of this project are to further education and process management at Boise Kidney and Hypertension as well as improve chronic kidney disease care as a whole. The steps toward dialysis are the same whether you consent to have your records reviewed or not. This project allows Boise Kidney and Hypertension the ability to track your progress to Dialysis access, and compare it to other institutions nationally.

The risks of this project are minimal as your personal information will only be viewed by the health providers involved in your care. When the information gathered for this study is being published for journals and peer groups, all patient information will be collaborated and displayed as outcome statistics, not personal information or individuals.

You may or may not see benefit of your participation in this project, but you will help those who develop kidney disease and healthcare teams across the country.

I, _____, voluntarily consent to have my health information reviewed by Boise Kidney and Hypertension for these purposes listed above. By signing and dating this informed consent form, I have not waived (do not give up) any of my legal rights.

Or

I, _____, do not consent to have my health information reviewed by Boise Kidney and Hypertension for these purposes listed above. By signing and dating this informed consent form, I have not waived (do not give up) any of my legal rights. Nor do I give up any of my rights to receive proper treatment in my care at Boise Kidney and Hypertension Institute.

Signature

Date

Signature of Person Explaining Consent

Date

Signature of Physician Overseeing Care