

Saskatchewan Prostate Assessment Pathway

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Consent to Contact for Information

Dear Patient,

The Prostate Assessment Pathway is interested to know how you are doing after you are discharged from the Prostate Assessment Centre. If you agree, you will be contacted and asked to complete the SURE Decision Confidence tool as well as in 6 months, 12 months and 24 months to complete the EPIC survey (the Expanded Prostate Cancer Index Composite for Clinical Practice survey tool). You will be contacted by email or regular mail.

In addition to supporting your clinical care, the information collected will be used to monitor and evaluate the Saskatchewan Prostate Pathway program. The information you provide will be kept secure and confidential. Information is managed and stored in a program called "REDCap" which is a secure, web-based program. Only authorized employees from the Saskatchewan Health Authority will have access to this information. Information that has been stripped of your identity will be shared with the Ministry of Health who are summarizing the information from all patients across Saskatchewan.

Your participation is voluntary. If you decline to participate your care will not be affected in any way. You may withdraw your consent at any time. However, this withdrawal is not retroactive. If you have any questions please ask anyone in the Prostate Assessment Centre at any time, or contact the Privacy Officer. The Regina Privacy Office can be reached at (306) 766-7186 or the Saskatoon Privacy and Access Office at (306) 655-7679.

Information that comes directly from patients and their families is essential to determine whether this program is making a difference to patients' health and quality of life. Your input is highly valued and may help improve this program or similar programs for yourself and others.

I _____ give my consent to the Prostate Assessment Centre to
(Name of patient)
contact me so that I may participate in the SURE and EPIC surveys.

Preferred method of contact:

Email Email address: _____

Mail

Signature: _____

Date (mm/dd/yyyy): _____