

# Data Use Consent Form Sample

A **data use consent form sample** for healthcare data ensures patients grant permission for their sensitive information to be accessed and shared. This form clearly outlines how healthcare providers and researchers intend to use the data while maintaining confidentiality. Proper consent supports ethical practices and compliance with legal regulations in medical data handling.

## Healthcare Data Use Consent Form

### Patient Information

Full Name:

Date of Birth:

Contact Information:

### Consent Details

I consent to the use and sharing of my healthcare data by the authorized healthcare providers and researchers for the following purposes:

- Diagnosis and treatment
- Medical research and studies
- Internal quality improvement
- Public health reporting (where required by law)

I understand that my personal information will be kept confidential and handled in accordance with applicable privacy laws.

I agree to my de-identified data being used for additional research purposes.

### Signature

Signature:

Date:

**Submit Consent**