



## Consent Form

### Key Information:

### Date:

The privacy of your personal information is an essential part of our Health Facility (HF)/INF, providing you with quality care. We understand the importance of protecting your personal information. We are committed to collecting, using and disclosing your personal information responsibly. We also try to be as open and transparent as possible about the way we handle your personal information. It is important to us to provide these services to our patients.

I have reviewed the above information that explains how your HF/INF will use my personal information, and the steps your HF/INF is taking to protect my information. I agree that HF/INF can collect, use and disclose personal information about as set below information as per the GK's privacy policy.

Signature: ..... Name: ..... Date: .....

### Beneficiary/Patients Personal Information:

Full name of contributor (adult): ..... Age: ..... Sex: F/M

Full name of contributor (child or children): ..... Age(s): ..... Sex: F/M

MRC/FCN/NID No: ..... Contact No (If available): .....

Address: Camp: ..... Block/Cluster: ..... Shed: .....

### Specific Areas of Consent:

- I agree to provide my personal and health & Nutrition-related information, which will be securely maintained in the record book (digital/manual) for the purpose of follow-up, review, and improving the effectiveness of the project.
- I give my consent for my story to be used, understanding that it may contain sensitive or private information.
- I give my consent for my photos/videos to be used for documentary purposes.
- I am a parent or guardian, and I freely give consent for myself and/or my child.
- I agree for my personal details to be stored for more than 5 years.

Consent Given by:	Consent Received by:
<b>Signature:</b>	<b>Signature:</b>
Name:	Name:
Camp/Cluster:	Designation:
Block & Shed:	Camp/Cluster:
Contact No: (If available)	Contact No: