



Faculty of Medicine

### Consent for Support Person to Attend Consultation/Interview

I \_\_\_\_\_, give my consent for \_\_\_\_\_ to attend the consultation/interview on \_\_\_\_\_ with the Appointed Investigator.

I understand that \_\_\_\_\_ will be present during the consultation/interview where confidential information will be discussed. I agree that the above was discussed and I understand the risks associated with sharing my personal and confidential information with the individual present at today's consultation/interview.

As stated in the Policy for the Prevention and Resolution of Medical Learner Mistreatment in the Faculty of Medicine, section 5.1, all matters relating to the Faculty of Medicine Mistreatment Policy and accompanying Procedures shall be handled with confidentiality and in accordance with the Access to Information and Protection of Privacy Act, 2015, other privacy legislation to which the University is subject, and University policies. All persons involved in the complaint (including personal supports) related to this policy are required to maintain confidentiality.

Signature of Complainant/Respondent

Date

\_\_\_\_\_

\_\_\_\_\_

Appointed Investigator

Date

\_\_\_\_\_

\_\_\_\_\_

Signature of Support Person

Date

\_\_\_\_\_

\_\_\_\_\_

The information on this form is collected as the Faculty of Medicine's Procedure for Addressing Incidents of Mistreatment and is a required part of the informal and formal resolution process outlined in the procedures. The collection of information is authorized under the Access to Information and Protection of Privacy Act, 2015 and is maintained by the Office of Learner Well-Being and Success in the Faculty of Medicine to monitor and enhance the learning environment and for no other purpose. If you have questions about the collection and use of this information, please contact the Coordinator, Learner Well-Being and Success at [LWSCoordinator@mun.ca](mailto:LWSCoordinator@mun.ca).