

Summative Assessment Patient Appointment Observation Consent Form

A physician assessor from the College of Physicians & Surgeons of Alberta (CPSA) will be observing your doctor today to review their practice skills. Under the *Health Professions Act*, CPSA ensures all Alberta medical doctors are qualified to provide safe and effective patient care.

The assessor observing your appointment is Dr. ______. They would like your consent to observe your appointment. The assessor will not provide any medical care or advice, but will simply observe the care Dr. ______ provides. Any physical examinations or information you share with your doctor will be respected as private and confidential.

If you prefer to not have your appointment observed, please do not sign below. You may withdraw your consent at any time during the appointment.

I consent to my appointment being observed by the assessor named above.

Print Patient Name	Patient Signature
Patient Address	
Print Witness Name	Witness Signature
Today's Date	