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Rolapal Case Study Consent Document

Part A: Clinical Case Study Checklist

For the Dealer / Therapist to Complete.

1.Subjective History - The Challenge

Please provide photos or video to support.

Primary Diagnosis and Presentation:

Current Seating Issues:

Functional Limitations:

2.The Intervention — The Rolapal Solution

Please provide photos or video to support.

Rolapal Product used:

Key Adjustments Made:

Rationale (Why this product?):

3.The Outcome

Postural Changes:

Functional Improvements:

User / Family Feedback:

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Part B: Case Study and Media Consent Form

Participant Name: _____
Dealer / Clinic: _____
Clinician: _____
Date: _____

A Collaborative Approach to Care

At Rolapal, we believe that great seating outcomes come from partnership between the user, their whānau /family, and the clinical team. By sharing your experience, you may help other families and clinicians facing similar challenges.

Consent Options

Please tick and initial **one** option below:

■ OPTION A: Full Consent (Clinical, Educational and Public Use)

I consent to the use of collection and use of clinical information, photographs, and video for:

- Professional training and education of therapists
- Clinical presentations or conferences
- Creation of anonymised resources to help other families

I also consent to anonymised images or video being used in:

- Digital media (website, LinkedIn, Facebook)
- Print media (brochures, catalogues, newsletters)

I understand inclusion of other brands will be anonymised and is for clinical context only and does not imply endorsement, partnership or affiliation by Rolapal unless explicitly stated.

Initial here for Option A: ☐

☐ OPTION B: Education Only (Clinical Use – NO Public Media)

I **Do Not** consent to public marketing use.

Initial here for Option B: ☐

Privacy and Data Protection

Rolapal complies with the NZ Privacy Act 2020. Personal identifiers will be removed. Images may be blurred or cropped. Data is securely stored and accessible only by authorised staff.

Agreement and Sign-Off

I understand that:

- Participation is voluntary and does not affect healthcare or equipment access.
- No financial compensation is provided.
- Consent may be withdrawn at any time in writing.

Signature (Participant or Legal Guardian): _____

Print Name: _____

Clinician / Witness: _____

Date: _____