

Authorization for Publication of Case Study

Case Study Title: _____

Author/Co-Author: _____

Patient Name: _____

Description of content or photograph (Material) being used: _____

To be completed by the patient/authorized agent:

I give my authorization for all or part of the Material referenced above to appear in the publication listed. I understand that the Material may depict my medical conditions. I also understand that:

- My name will not be published with the Material and the author will endeavor to maintain my anonymity. Protected Health Information needed to conduct this case study may include medical records, charts, test results and procedures performed. I understand, however, that it is possible that someone may recognize me from the images and/or accompanying content.
- The use of the Material relating to me may include, but is not limited to, publication in printed and electronic publications, on websites and reprinted editions (including foreign language editions) lectures and presentations, and in other derivative works or products.
- I understand that I will not receive any monetary or other payments or royalties in connection with the use of the Material.
- I understand that the Material may be edited or modified.

- I may withdraw this authorization for future sharing by notifying the author in writing however, this authorization cannot be revoked once material is submitted for publication.

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Signed: _____ Date: _____

Print Name: _____

Address: _____

If you are not the patient, what is your relationship to him/her? _____

Witness: _____ Date: _____

This Consent will be maintained by the author.