

Consent for Journal Publication

Patient's consent for the publication of material relating to him or her in a medical journal or periodical.

Name of patient _____

Name of journal/periodical _____

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

Name of author submitting Material _____

To be completed by the patient/authorized agent:

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

- My name will not be published with the Material and the author will endeavor to maintain my anonymity. I understand, however, that it is possible that someone my recognize me from the images and/or accompanying content.
- The use of the Material relating to me may include, without limitation, publication in the printed and electronic editions, on websites and reprinted editions (including foreign language editions), and in other derivative works or products.
- I understand that I will not receive any monetary or other contributions in connections with the use of the Material.
- I understand that the Material may be edited or modified.
- This Consent cannot be revoked once Material is submitted for publication.

Patient/authorized agent:

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 author.