

Patient Consent to the Publication of De-Identified Information

Patient's Name	
Description of the material	
Provisional title of the case report	

CONSENT

I _____ *[PRINT FULL NAME OF PATIENT]* have been treated by _____ *[PRINT FULL NAME OF TREATING PRACTITIONER]* and freely give my consent for the material about me, the patient, to appear as a case report preprint or published in a medical journal. **I confirm that I** *(please check all of the boxes that apply to you):*

- have had an opportunity to review this article about me including attachments,*
- agree to have this information posted online,*
- am legally entitled to give this consent.*

1. I understand that all published material will be de-identified, and I have read the items required for de-identification. I understand that complete anonymity cannot be guaranteed, and that the article will be publicly available and may include details related to my medical condition. The article may be published in a publicly available database and distributed online or in print.
2. The case report has been fully explained to me and all of my questions have been answered to my satisfaction. I have agreed to participate in this case report.
3. I have been informed of the risks and benefits, if any, of allowing my information to be used in this case report.
4. I have been informed that I do not have to participate in this case report and I have read each page of this form.
5. I authorize access to my personal health information as explained in this form.
6. I will not directly benefit or receive compensation for participating in this case report. The information can be shared and may improve the care that is received by others in the future.
7. The article may be linked to social media and other publicly available publications. Once published, the article may become available elsewhere.
8. The article may also be used in full, or in part, in other publications, presentations, or products including publication in English and in translation.
9. I can revoke my consent at any time before publication; however, once the article has been publicly published it will not be possible to reliably "un-publish" the article.

To sign for the patient (or legally entitled caregiver)

Date _____

Place _____

Print Name _____

Signature _____

To sign for the treating practitioner, who has explained and administered the form to the patient

Date _____

Place _____

Print Name _____

Signature _____

If signing on behalf of the patient, please give the reason why the patient can't consent for themselves (such as the patient is deceased, under 18, or has cognitive impairment):

If you are signing for a family or other group, please check the box to confirm that all relevant members of the family or group have been informed.

If the patient is a child aged 9 years or older, they should confirm their consent:

Print Name	
Signature	
Date of Birth	
Today's date	

Details of person who obtained this form from the patient or other person:

Printed Name _____ Date _____

Signature _____

Email address _____ Telephone number _____

Address _____
