Patient consent form

File no.: 

Title: 

Author(s): 

**Patients have the right to refuse to sign this consent form; refusal to sign this form will not affect their care in any way.**

I hereby give my consent for images and/or other clinical information relating to my case to be reported in the *Canadian Medical Association Journal* (*CMAJ*).

I understand that my name and initials will not be published and that efforts will be made to conceal my identity, but that anonymity cannot be guaranteed.

I understand that the material may be published in *CMAJ*, on *CMAJ*’s website and in products derived from *CMAJ*. As a result, I understand that the material may be seen by the general public.

Name of patient ________________________ Patient’s date of birth ________________________

Signature of patient (or signature of the person giving consent on behalf of the patient) ________________________ Date ________________________

If you are not the patient, what is your relationship to him or her? (The person giving consent should be a substitute decision maker or legal guardian or should hold power of attorney for the patient.) ________________________

Why is the patient not able to give consent? (e.g., is the patient a minor, incapacitated, or deceased?) ________________________

**If images of the patient’s face or distinctive body markings are to be published, the following section should be signed in addition to the first section:**

I give permission for images of my face or distinctive body markings to be published and recognize that I might therefore be identifiable even though my name and initials will not be published.

Signature of patient (or signature of the person giving consent on behalf of the patient) ________________________ Date ________________________