

## Patient consent to publish form

### For a patient's consent to publication of information about them in *Medicine Today*

Name of person described or pictured:

Article title:

Author(s):

I \_\_\_\_\_ give my consent for material about me (or my child/ward/relative) to be published in *Medicine Today*, and other publications produced by Medicine Today Pty Ltd, in print and online. *Medicine Today* is a professional medical journal for doctors, but its website may be accessed by the general public. The material will not be used for advertising, packaging or financial gain.

I understand that my (or my child's/ward's/relative's) name will not be published and that every attempt will be made to ensure anonymity. I understand, however, that complete anonymity cannot be guaranteed.

Please tick the appropriate line below:

I have read the manuscript or a general description of what the manuscript contains and seen all images of me (or my child/ward/relative) that are proposed to be published.

or

I have been offered the opportunity to read the manuscript and view the images of me (or my child/ward/relative) that are proposed to be published, but I waive my right to do so.

Signed \_\_\_\_\_

Date \_\_\_\_\_