

Complex Care Journal Consent Form

Name of patient or provider:

Name of parent or guardian (if applicable):

Title of article:

Copy of article to be provided for review and signed by patient/parent or provider.

I _____ (name) give my consent for material about me/the patient to appear in *Complex Care Journal*. I have reviewed the article and agree with what is to be published (though minor edits still may be made prior to publication). I am legally allowed to give consent.

I understand the article will be published without my/the patient's name though that does not guarantee anonymity. Especially in patients with uncommon medical conditions, it is possible that one can be recognized (for example by relatives or other providers) as medical conditions and treatments may be mentioned. I understand the *Complex Care Journal* is freely available on the internet. I/the patient will not receive any compensation from this article.

I may revoke my consent at any time prior to being published, but once published I will not be able to revoke consent.

Signed name: _____ Date: _____

Printed name: _____ Relationship: _____

Address: _____

Email: _____

Phone: _____

If signing on behalf of patient, the patient: is under 18, has an impairment, is deceased

Author obtaining consent:

Signed name: _____ Date: _____

Printed name: _____ Position: _____