

Patient Consent for Case Publication

Patient Name: _____

Date: _____

I consent for my medical case to be summarized in writing for the purposes of medical teaching, presentation at a medical meeting, and/or publication in a medical journal. By consenting to the presentation of my case, I understand that I will not receive payment from any party. *Refusal to consent to writing and presentation of my case will in no way affect the medical care I will receive.*

By signing this form below, I confirm that this consent has been explained to me in terms that I can understand.

1. I consent to the writing of my case summary to be used for educational purposes in training at this facility and/or at local, regional, or national medical conferences. I also consent for the use of this summary in medical publications, including medical journals, textbooks, and electronic publications. I understand that this case summary may be seen by members of the general public in addition to students, physicians, and medical researchers that regularly use these publications in their professional education. Although my case will be summarized without identifying information such as my name, I understand that it is possible that someone may recognize me through the details of my case.

Signature _____ Witness _____

2. I agree for my case summary to be shown for educational purposes, but NOT FOR MEDICAL PUBLICATION.

Signature _____ Witness _____

If I have any questions or wish to withdraw my consent in the future, I may contact:

Name: _____

Phone number/email address: _____

Adapted from:

Dysmorphology Subcommittee of the Clinical Practice Committee, American College of Medical Genetics, 9650 Rockville Pike, Bethesda, MD 20814-3998, United States. Informed consent for medical photographs. Dysmorphology Subcommittee of the Clinical Practice Committee, American College of Medical Genetics. *Genet Med.* 2000 Nov-Dec;2(6):353-5.