

Consent Form

For a patient's consent to publication of information about them on CaseTime.org

I, _____ [name], give my consent for information about myself or my family member / friend / ward to be published on CaseTime.org.

I understand that the patient's name will not be included in the publication, and that identifying details will be removed as much as possible from text, images, and videos, while still allowing for information relevant to the medical case to be included. I understand that even with these best efforts, it is possible that someone could recognize the patient being described in this publication. The text, images, and videos will be freely available on the internet to the general public.

I can change my mind and withdraw consent at any time prior to publication, but once the information is published it will no longer be possible to withdraw consent.

The information to be published will not be sold or used for commercial gain.

Signing this consent form does not remove my rights to privacy.

Patient:

Name: _____ Signature: _____ Date: _____

If patient is deceased or otherwise unable to provide consent, person providing consent:

Name: _____ Signature: _____ Date: _____

Relationship to patient: _____

Healthcare provider obtaining consent:

Name: _____ Signature: _____ Date: _____