

This consent authorizes the publication of medical images and/or information about you in *Transformative Medicine*, a medical journal published by Tower Health.

Patient Name: _____ Date of Birth: _____

Description of the photo, image, text, or other information (collectively "Material") about the patient. (A copy of the Material must be attached to this form): _____

Provisional title of article in which Material will be included: _____

Patient Consent

I _____ [PRINT FULL NAME] give my consent for the Material about me/the patient to appear in *Transformative Medicine*, a medical journal published by Tower Health.

I confirm that I am legally entitled to give this consent

I understand the following:

- The Material will be published without my/the patient's name attached; however, I understand that complete anonymity cannot be guaranteed. It is possible that someone might recognize me/the patient based upon the content of the Material.
- The Material may show or include details of my/the patient's medical condition or injury and any prognosis, treatment, or surgery that I have/the patient has, had, or may have in the future.
- This publication is viewed mainly by doctors and other healthcare professionals but can be seen by anyone who finds the journal web site on the Internet.
- Once published, the article will be placed on *Transformative Medicine's* journal website.
- The text of the article will be edited for style, grammar, and consistency before publication.
- I/the patient will not receive any financial benefit from publication of the article.
- I can revoke my consent at any time before publication, but once the article has been committed to publication ("gone to press") it will not be possible to revoke the consent.

Patient Signature

Signature of Patient OR Authorized Individual Date Time

Printed Name of Patient OR Authorized Individual Relationship to Patient

If signed by Authorized Individual, reason not patient's signature:

- Incompetent Unconscious A Minor Other _____

Use of Interpreter or Special Assistance (if applicable)

