

Patient Consent for Publication of Material in *CMAJ*

The following information must be provided in order for this form to be processed accurately.

Title:
Author(s):

Patients have the right to refuse to sign this consent form; refusal to sign this form will not affect their care in any way.

I hereby give my consent for clinical information relating to my case to be reported in the *Canadian Medical Association Journal (CMAJ)*.

I understand that my name and initials will not be published and that efforts will be made to conceal my identity, but that anonymity cannot be guaranteed.

I understand that the material may be published in *CMAJ*, on *CMAJ*'s Web site and in products derived from *CMAJ*. As a result, I understand that the material may be seen by the general public.

I understand that the material may be included in medical books published by the Canadian Medical Association.

Name of the patient

Patient's date of birth

Signature of patient (or signature of the person giving consent on behalf of the patient)

Date

If you are not the patient, what is your relationship to him or her? (The person giving consent should be a substitute decision maker or legal guardian or should hold power of attorney for the patient.)

Why is the patient not able to give consent? (e.g., is the patient a minor, incapacitated, or deceased?)

If images of the patient's face or distinctive body markings are to be published, the following section should be signed in addition to the first section:

I give permission for images of my face or distinctive body markings to be published and recognize that I might therefore be identifiable even though my name and initials will not be published.

Signature of patient (or signature of the person giving consent on behalf of the patient)

Date

Please return your completed form by fax: 613 565-5471, by email: PUBLS@cmaaj.ca, or by mail: *CMAJ*, Publications Department, CMA, 1867 Alta Vista Dr., Ottawa ON K1G 5W8