

Patient consent for publication in the *BC Medical Journal*

Proposed manuscript title: _____

Corresponding author's name: _____

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

- I hereby give my consent for images or other clinical information relating to my case to appear in the *BC Medical Journal (BCMJJ)*.
- I understand that my name and initials will not be published and that efforts will be made to conceal my identity, but that anonymity may not be guaranteed.
- I understand that the material will be published in the *BCMJJ* and on the *BCMJJ*'s website.
- I understand that the material may be seen by the general public.

Patient name (*please print*)

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

Date

If you are not the patient, what is your relationship to them?

(The person giving consent should be a substitute decision maker or legal guardian or should hold power of attorney for the patient; for patients who have died, next of kin may provide permission.)

Why is the patient not able to give consent? (e.g., if the patient is 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markings to be published and recognize that I might, therefore, be identifiable even though my name and initials will not be published.

Patient name (*please print*)

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

Date