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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 *British Columbia Medical Journal (BCMJ)*.

I understand that my name and initials will not be published and that efforts will be made to conceal my identity, but that anonymity may not be guaranteed.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 *BCMJ* and on the *BCMJ*'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 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; for patients who have died, next of kin may provide permission.)

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Patient Name (*please print*)

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

Date