

CONSENT FORM

Patient's consent for the publication of material relating to him or her in **BROWN HOSPITAL MEDICINE**

Description of article, content or photograph (the "Material"): _____

Name of author submitting the Material: _____

Submission ID number (if known): _____

To be completed by the patient:

I give my consent for all, or any part of the material referenced above to appear in publications of the Brown Hospital Medicine (BHM) in any media worldwide, and any derivative works or products. I understand that the Material may depict my medical conditions.

I understand that:

- My name will not be published with the Material by the Journal and the Journal will endeavor to maintain my anonymity. I understand, however, that it is possible that someone may recognize me from the images and/or accompanying content.
- The use of the Material relating to me may include, without limitation, publications in BHM in any media worldwide, and any derivative works or products.
- I grant and release to the Journal all rights, title, and interest that I may have in the Material. I understand that I will not receive, and am giving up any claim to receive, any payment or royalties in connection with the use of the material.
- The Material may be edited, modified, and retouched.

PATIENT: Signed: _____ Date _____

Print name: _____

Address: _____

If you are not the patient, what is your relationship to him/her _____

Witness: _____ Date: _____