TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
EL PASO

Patient Consent for Publication

- I hereby give my consent for images or other clinical information relating to my case to be reported in a medical publication.
- I understand that my name and/or initials will not be published, and that efforts will be made to conceal my identity, but that anonymity cannot be guaranteed.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 a journal, Website or other form of publication. 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.
- I understand that I have the right to refuse to sign this consent form. Refusal to sign this consent form will not affect my care in any way.

Patient Name	Patient Date of Birth
Signature of Patient (or legally authorized representative)	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, legal guardian, or 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markings to be published, and recognize that I might therefore be identifiable even though my name and initials will not be published: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 legally authorized representative)	Date