

Consent form

For a patient's consent to publication of images and/or information about them in publication.

CONSENT

I Olga Loseva [PRINT FULL NAME] give my consent for the Material about me/the patient to appear in a publication.

I confirm that I: (please tick boxes to confirm)

- have seen the photo, image, or other material about me/the patient
- am legally entitled to give this consent.

I understand the following:

- (1) The Material will be published without my/the patient's name attached, however I understand that complete anonymity cannot be guaranteed. It is possible that somebody somewhere - for example, somebody who looked after me/the patient or a relative - may recognise me/the patient.
- (2) The Material may show or include details of my/the patient's medical condition or injury and any prognosis, treatment or surgery that I have/the patient has, had or may have in the future.
- (3) The article may be published in a journal which is distributed worldwide. Publications go mainly to doctors and other healthcare professionals but are also seen by many others including academics, students and journalists.
- (4) The text of the article will be edited for style, grammar and consistency before publication.
- (5) I/the patient will not receive any financial benefit from publication of the article.

Signed: _____

Print name: Olga Loseva

Address: _____

Email address: olga@newlifephotography.co.uk

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Telephone no: 0795255125

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