

Consent for Publication of Personal Information in Biomedical Journals

I give my consent for all material on the clinical record, images and any other information about the patient named below, to be published in a medical journal or medical conference that the authors considered relevant for scientific purposes or teaching.

Patient name: _____

I understand that my name or the name of my relative will not be published and, as far as possible, all identifying features will be removed. However, it is not possible to ensure complete anonymity.

This authorization includes the publication in Spanish language and English translation, printed or electronic form on the website of the journal, and in any current or future format used by the scientific journal.

The journal is intended for physicians but can be read by other people who are not doctors.

I can revoke my consent at any time before publication, but once the information has been entered for publication ("in press") is no longer possible to revoke consent.

I declare to the appropriate person or institution that I understood and approved as mentioned above.

Name of parent or guardian: ID (type and number):

If you are granting permission for another person,

What is your relationship to that person?

Sign.....Date.....

Physician signature and seal