Patient Consent for Publication

Journal of The Clinical Problem Solvers

Patient Information

Patient Name: _____

Date of Birth: _____

Manuscript Information

Manuscript Title:

_____

Author(s):

_____

Consent

I, the undersigned, consent to the publication of information and/or clinical material (including but not limited to clinical images, laboratory data, radiographic images, and clinical history) relating to my case in the **Journal of The Clinical Problem Solvers**.

I understand that:

- Every effort will be made to de-identify my personal information in accordance with HIPAA guidelines.
- Despite de-identification efforts, complete anonymity cannot be guaranteed, and it may be possible for someone who knows me to recognize my case.
- The published material may be available in print and/or electronic format and may be accessible worldwide.
- Once published, the material cannot be fully withdrawn, although a retraction notice can be issued if necessary.
- I may withdraw this consent at any time prior to publication by notifying the corresponding author or the Journal editorial team in writing.
- My decision regarding consent will not affect my current or future medical care.

Signatures

Patient Signature (or Legal Representative)	Date
Printed Name	Relationship to Patient (if representative)
Witness Signature	Date

This form should be retained by the corresponding author and made available to the Journal editorial team upon request. A copy should be provided to the patient. For questions regarding this form, contact: journal@clinicalproblemsolving.com