

Ochsner Clinic Foundation Consent Form for Publication in the *Ochsner Journal*

For a patient's consent to publication of information about him/her in the *Ochsner Journal*

Name of person described in article or shown in photograph: _____

Subject matter of photograph or article: _____

Title of article: _____

Corresponding author: _____

I _____ [insert full name] give my consent for this information about MYSELF / MY CHILD/ MY RELATIVE/OTHER [circle correct description] relating to the subject matter above ("the Information") to appear in the *Ochsner Journal*.^{*} If Other, please describe relationship: _____.

I understand that material about my case/condition may be submitted to the Ochsner Journal, a publication of Ochsner Clinic Foundation.

I understand the following:

- (1) The Information will be published without my name attached, and Ochsner Clinic Foundation will make every attempt to ensure my anonymity. I understand, however, that complete anonymity cannot be guaranteed.
- (2) I acknowledge and consent to the possibility that my identity may be discovered based upon the facts presented about my information notwithstanding the fact that the information is published without my name attached.
- (3) The text of the article will be edited for style, grammar, consistency, and length.
- (4) The Information will also be posted on the *Ochsner Journal* website at <http://www.ochsnerjournal.org/> and on the PubMed Central website at <http://www.ncbi.nlm.nih.gov/pmc/journals/1521/>. Both websites are available worldwide.
- (5) The Information may be published in the *Ochsner Journal*. The *Ochsner Journal* is distributed to doctors but is seen by many non-doctors. The distribution includes both Ochsner and non-Ochsner recipients.
- (6) Ochsner Clinic Foundation will not allow the Information to be used for advertising or to be used out of context.
- (7) I can revoke my consent at any time before publication, but once the Information has been committed to publication ("gone to press"), it will not be possible to revoke the consent.

Signed: _____ Date: _____