



## ACCRAC Patient Case Consent for Publication/Presentation

<b>Title of Case Study/Series</b>	
<b>Author(s) Name</b>	

As the patient in this case study/series, I hereby give my consent for clinical information relating to my case to be reported at the ACC-RAC conference, in conference proceedings, and/or published in a scientific journal.

I understand that my name, initials, and/or any protected health information such as my identification number, billing information, address, etc., will not be published and that efforts will be made to conceal my identity, but that anonymity cannot be guaranteed.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, the website of a journal, and/or in products derived from the publication. As a result, I understand that the material may be seen by the general public.

<b>Name of Patient</b>	
<b>Signature of Patient*</b>	
<b>Date Signed</b>	
<i>*or person providing consent on behalf of the patient, if the patient is a minor, incapacitated, or deceased</i>	
If you are not the patient, what is your relationship to the patient? (The person giving consent should be a substitute decision maker, legal guardian, or hold power of attorney for the patient.)	
Why is the patient unable to provide consent (e.g. Is the patient a minor, incapacitated, deceased, etc.)? Please explain.	

***If images of the patient's face or distinctive body markings are to be published, the following section must be signed in addition to the section above:***

As the patient stated above, 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markings to be published and recognize that I might therefore be identifiable even though my name and initials will not be published.

<b>Signature of Patient: *</b>	
<b>Date Signed:</b>	
<i>*or person providing consent on behalf of the patient, if the patient is a minor, incapacitated, or deceased</i>	