

## Patient Consent for Publication of Material in the *JMPT/JCM*

The following information must be completed in order for this form to be processed properly.

Title of submitted manuscript (type):

---

All author(s) name(s) (type) :

---

### Patient to fill in items below:

I hereby give my consent for images or other clinical information relating to my case to be reported in the *Journal of Manipulative and Physiological Therapeutics (JMPT)* or *Journal of Chiropractic Medicine (JCM)*.

I understand that my name, initials, 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 will not be published and that efforts will be made to conceal my identity, but that anonymity cannot be guaranteed. Images, such as distinctive body markings and/or diagnostic images may be published.

I understand that the material may be published in the *JMPT/JCM*, on *JMPT/JCM* Web site and in products derived from the *JMPT/JCM*. As a result, I understand that the material may be seen by the general public.

---

Name of patient (print)

---

Signature of patient (or signature of the person giving consent on behalf of the patient)      Date

Only complete this section if you are not the patient. What is your relationship? (The person giving consent should be a substitute decision maker or legal guardian or should hold power of attorney for the patient.)

---

Why is the patient not able to give consent? (e.g., is the patient a minor, incapacitated, or deceased?)

Authors are to upload this completed form at the time of initial manuscript submission to the journal website.