

Patient declaration for publication of information about him/her by Consult Online

Subject: permission to distribute photo material, video images, sound fragments and case descriptions.

To be completed by the advice seeker

Patient name: _____

Name of advice seeker: _____

Date: _____

To be completed by the patient or representative:

I give permission for publication in the various media channels of Consult Online of the information as described in the text box below (detailed information, see next page*):

Patient signature:

Describe as accurately as possible the images and/or other patient data to be shared:

*I have seen and/or read all of the information described above. I understand the following:

1. Consult Online publishes the information without mentioning my name and does everything it can to protect my anonymity. I understand that it is nevertheless possible that someone recognizes me, for example a family member or healthcare staff.
2. The information may appear on Consult Online media channels and may be published online/in writing in scientific journals. This information will likely become freely accessible.
3. Consult Online may, in certain cases, make the information on which I am not reasonably recognizable immediately freely accessible via all NTVG media channels.
4. Information published via Consult Online channels with my permission can no longer be retrieved.

Separate specific permission to share recognisable images

In certain cases, patients are recognizable on images, for example when it concerns the patient's walking pattern or the demonstration of a physical examination. These images are educational and illustrative for doctors. As mentioned in point 2 above, images will eventually become freely accessible. Consult Online may make images in which I am recognizable immediately freely accessible via Consult Online's media channels.

Patient Signature:

Signed by a patient representative?

As a representative (parent of minor, guardian, mentor or curator) of the patient, I would like to contribute to science without harming the interests of the patient. My consent does not conflict with the will and interests of the patient. I will therefore sign in the name of the patient. I agree with the information stated above in point 1-4.

Relation to the patient: _____

Representative signature: