

Case Study and Photographic Release Form

Introduction

HealthCom Media, publishers of *Wound Care Advisor*, a journal for clinicians, would like your permission to use your photograph and medical information for a journal case study to teach other healthcare clinicians about your condition.

What is involved? What happens to my photograph and case study?

- If you allow HealthCom Media to use your photograph, your photograph will show your medical condition. You will not be identified in any way in the image.
- If you allow HealthCom Media to use your health information, the case study will describe your condition, health and treatment and may include your prior medical history, present complaints, laboratory results, diagnosis and follow-up. Your name will not be included.
- You will not receive payment for being in the case study.

Is my health information private?

- Your name will not be mentioned in the case study.
- The people who publish the journal will know your name because they require us to give them a copy of this form. They want to be sure that you gave permission to be included in the case study.

Is participation voluntary?

- Your participation is completely up to you. There is no cost to you.

Agreement:

I hereby release and agree to indemnify and hold harmless HealthCom Media and their respective heirs, legal representatives, licensees, successor, and assigns from all claims demands whatsoever arising out of or in connection with the foregoing, and waive any right to inspect or approve the same.

- I agree to let HealthCom Media and my clinicians use my photograph.
Yes _____ No _____ Initials _____
- I agree to let HealthCom Media and my clinicians use my health information
Yes _____ No _____ Initials _____
- I agree to let HealthCom Media and my physicians use my photograph and health information
Yes _____ No _____ Initials _____

By signing this form, you are agreeing to let HealthCom Media and your clinicians use your health information as described above.

Printed name: _____ **Signature:** _____

Date: _____

If you are a parent or guardian:

I hereby certify that I am the [parent/guardian] of _____, a minor under the age of 18 years, and hereby consent on behalf of said minor to the use of any photographs taken of said minor pursuant to the terms set forth in this photographic release, including, without limitation, the release, discharge, and hold harmless provisions thereof.

Printed name of parent or guardian: _____ **Signature:** _____

Date: _____