

Consent From

Consent to publication of images and/or information about a patient in the Malaysian Family Physician (MFP).

Name of patient in the publication:	
Title of the article for publication:	
Description of the Material (photo, image, text or others) about the patient in the article (A copy of the Material is attached for review):	

Consent statement:

1. The Material will be published without the patient's name but complete anonymity may not be fully guaranteed. There is a chance that someone close may recognise the patient due to familiarity with the patient's conditions as described in the article.
2. The Material may include details of the patient's medical condition, and any prognosis, treatment or surgery that the patient has, had or may have in the future.
3. The article may be published in MFP which is distributed worldwide. MFP's publications are disseminated mainly to doctors and other healthcare professionals but are also seen by many others including academics, students, health-related companies and journalists.
4. Once published, the article will be posted on MFP's website and several medical literature databases. It may also be posted on other medical institutions' website and social media for educational purposes.
5. The article attached with this form will be further revised and edited before publication.
6. The patient will not receive any financial incentive from publication of the article.
7. The patient can revoke the consent at any time before publication by writing an email to editor.mfp@afpm.org.my. However, once the article has been published, it will not be possible to revoke the consent.
8. This consent form will be retained securely by MFP. The MFP takes publication ethics seriously and will strive to protect patients' identity in its publications.

Please complete one of the following sections:

A. Consent by patient

<p>I understand the consent statements above and give my consent for the Materials about me to appear in a MFP publication.</p> <p>I confirm that I:</p> <p><input type="checkbox"/> have seen the photo, image, text or other materials about me.</p> <p><input type="checkbox"/> have read the article to be submitted to MFP.</p> <p><input type="checkbox"/> have been given the chance to comment on the article.</p> <p><input type="checkbox"/> am 18 years old or above.</p>	<p>Signature:</p> <p>Name:</p> <p>I/C no:</p> <p>Date:</p> <p>Phone no:</p>
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B. Consent by patient's representative

<p>I understand the consent statements above and give my consent on behalf of the patient for the Materials about him/her to appear in a MFP publication.</p> <p>I am the patient's _____ [husband/ wife/ child/ father/ mother/ relative/ friend/ others] and I am signing this on behalf of the patient because _____.</p> <p>_____.</p> <p>I confirm that I:</p> <p><input type="checkbox"/> have seen the photo, image, text or other materials about the patient.</p> <p><input type="checkbox"/> have read the article to be submitted to MFP.</p> <p><input type="checkbox"/> have been given the chance to comment on the article.</p> <p><input type="checkbox"/> am 18 years old or above.</p>	<p>Signature:</p> <p>Name:</p> <p>I/C no:</p> <p>Date:</p> <p>Phone no:</p>
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C. Consent by author

<p>I was unable to obtain written consent from the patient because _____.</p> <p>_____.</p> <p>The patient (has / has not) provided verbal consent and this (was / was not) recorded.</p> <p>Therefore, I would like to request to provide consent on behalf of the patient and agree to take responsibility should any issues arise.</p>	<p>Signature:</p> <p>Name:</p> <p>I/C no:</p> <p>Date:</p> <p>Phone no:</p>
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The Editorial Board has the rights to edit or remove any part of the texts/images in the publication to protect patient's identity although this consent form was signed by the patient/patient's representative/author.