PATIENT/CLIENT CONSENT FORM FOR PUBLICATION

*For publication as a case report in **The Asian Educational Therapist journal***

To record a client's consent to publication of information about them or their relative in Case Reports.

Client's name : _____

Title of Case Report : _____

Corresponding author : _____

I, ... [name of client/ legal guardian], give my permission to the corresponding author named above to use information about the client named above (my relationship to the client: .....) as a case report published in The Asian Educational Therapist journal, such permission to extend to publication of the information by the journal and its licensees in all media and languages throughout the world.

I UNDERSTAND THAT:

☐ My name/ child's name, initials, hospital or identification numbers, and other directly identifying details will not be published. The author(s) will endeavour that my name/ child's name remain anonymous, other than in relation to identifiable photographs for which I have ☐ given consent ☐ not given consent. However, I also understand that it is possible somebody may recognise me from the case report.

☐ The case report is an open access publication, and content is made available under the Creative Commons Attribution 4.0 International License (CC BY 4.0) which permits use, distribution, adaptation and reproduction in any medium, including for commercial purposes, provided that the original work is properly cited. This means that my information can be read and used by anyone around the world for free.

☐ I can change my decision to give consent to publish information about me at any time before final approval for publication by The Asian Educational Therapist journal, but once the case report has been approved for publication in its final form it will not be possible to change my decision.

☐ I have been offered the opportunity to read the case report, and to view any photographs or images to be published, before submission.

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE CLIENT/PARENT/CAREGIVER:

Signature of client/legal guardian	**Signature of corresponding author:**
Date:	**Date:**

Note to corresponding author: The original signed consent form should be retained by the corresponding author, and produced on request by the journal.

Please ensure that any other necessary permissions are cleared for use of the information, including any permissions required for use of information contained in intervention records.

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE AUTHOR:

I confirm that I have received the signed consent form from the client/ legal guardian named in this submission and can provide it to the journal if requested.

☐ I will not receive any financial benefits from the publication of this case.

☐ I am confirming I have viewed the manuscript to be published, as well as all accompanying photos if any and give my consent for its publication.

☐ By signing, I confirm that I have explained the contents of this form to the client/ legal guardian named above.

Signature of corresponding author:

Date: