

Consent to all release of medical information to be used for publication as a written case report and release of liability

I, the undersigned, hereby consent to allow my physician to use my medical information to write a case report regarding my medical care while a patient at the Texas Health Resources hospital.

I understand that my physician would like to use my medical information to write a case report. I understand that all of my medical information will be kept strictly confidential. The medical information in the case report will only contain evaluation and follow-up findings. There will be no mention of names or numbers that might identify me.

I understand that the purpose of this written case report is to share information regarding medical treatment with other physicians and health care professionals and that the report will be submitted to a medical journal for potential publication.

I understand that I will not be paid or reimbursed in any way for current or future use of my medical information in relation to the case report. I hereby give up any right to inspect or approve the finished product or products that may be used in connection therewith or the use to which it may be applied.

I hereby release and agree to release and hold harmless Texas Health Resources, its affiliates and trustees, officers, employees, agents, patients, representatives, and medical staff from any injury and/or damages sustained as a result of such publications, including but not limited to, claims for personal injury, property damage, invasion of privacy and/or breach of confidentiality.

I have read and understand this consent prior to signing.

Signature _____ Date _____

Please Print:

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____