

**PUBLICATION APPROVAL FORM FOR IDENTIFYING CLINICAL IMAGES**

I hereby give my consent for photographs/images of my face or distinctive body markings, or other clinical information relating to my case to be published in the Psychiatry and Clinical Psychopharmacology.

I understand and I don't approve/accept

I understand and acknowledge that

- I have a right to refuse to sign this form, and I acknowledge that refusing to give consent will not affect my treatment anyway.
- I have read this form, and the content has been explained to me in detail.
- The images/videos/models/x-rays of me will be published in the Psychiatry and Clinical Psychopharmacology with/without adequately masking my identity.
- My name and initials will not be published in the journal.
- Even though my name will not be published in the article, I acknowledge that I might be identifiable.
- I cannot revoke this consent once I have signed this consent form.

Name of the patient

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of the patient

If the patient or subject is under 18 years old, a parent or legal guardian must consent on behalf of the minor.

\_\_\_\_\_

Name of the parent or legal guardian

\_\_\_\_\_

Date

\_\_\_\_\_

Relationships to minor patient/subject      Signature of the parent/legal guardian

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# Psychiatry *and Clinical* Psychopharmacology

Name of the Doctor

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Date

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Place/Institution

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Signature of the doctor

**Note:** If the patient or the legal guardian is not fluent in English, the form and content must be explained in vernacular language before obtaining the consent.