

## Consent Form

Subject of article or photograph \_\_\_\_\_

I have read the article or seen the photograph to be published and I give my consent for this material to appear in *Canadian Family Physician*.

I understand that the article or photograph will be published without my name attached and every effort will be made to ensure my anonymity. I understand that complete anonymity cannot be guaranteed.

The article or photograph will appear in the print version and on the website of *Canadian Family Physician*. The journal is sent to all family doctors in Canada, and the website is open to everyone free of charge.

The article or photograph will not be used for advertising or packaging and will not be used out of context .

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

If you are not the person in the article or photograph, what is your relationship to him or her?

\_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_