

Consent form for *Neurointervention*

For a patient's consent to publication of images and/or information about them in *Neurointervention* publications.

Name of patient: _____

Relationship to patient (if patient not signing this form): _____

Description of the photo, image, text or other material (**Material**) about the patient. **A copy of the Material must be attached to this form:** _____

Provisional title of article in which Material will be included: _____

CONSENT

I _____ [PRINT FULL NAME] give my consent for the Material about me/the patient to appear in *Neurointervention*.

I confirm that I: (please tick boxes to confirm)

- have seen the photo, image, text or other material about me/the patient**
- have read the article to be submitted to *Neurointervention***
- am legally entitled to give this consent.**

I understand the following:

- (1) The Material will be published without my/the patient's name attached, however I understand that complete anonymity cannot be guaranteed. It is possible that somebody somewhere - for example, somebody who looked after me/the patient or a relative - may recognise me/the patient.
- (2) The Material may show or include details of my/the patient's medical condition or injury and any prognosis, treatment or surgery that I have/the patient has, had or may have in the future.
- (3) The article may be published in a journal which is distributed worldwide. *Neurointervention's* publications go mainly to doctors and other healthcare professionals but are also seen by many others including academics, students and journalists.
- (4) The article, including the Material, may be the subject of a press release, and may be linked to from social media and/or used in other promotional activities. Once published, the article will be placed on a *Neurointervention* website and may also be available on other websites.
- (5) The text of the article will be edited for style, grammar and consistency before publication.
- (6) I/the patient will not receive any financial benefit from publication of the article.
- (7) The article may also be used in full or in part in other publications and products published by *Neurointervention*. This includes publication in English and in translation, in print, in digital formats, and in any other formats that may be used by *Neurointervention* now and in the future. The article may appear in local editions of journals or other publications, published in South Korea and overseas.
- (8) I can revoke my consent at any time before publication, but once the article has been committed to publication ("gone to press") it will not be possible to revoke the consent.

(9) This consent form will be retained securely and in confidence by *Neurointervention* in accordance with the law, for no longer than necessary. Personal data provided in this form will be used and retained in accordance with *Neurointervention's* Privacy Policy available at <https://neurointervention.org/authors/authors.php>

(10) I/the patient would like to willingly agree with above policy and to provide my/patient's medical information for publication except personal information such as name and address.

Please tick box to confirm the following:

- Where this consent relates to an article in *Neurointervention*, I have/the patient has had the opportunity to comment on the article and I am satisfied that the comments, if any, have been reflected in the article.

Signed: _____

Print name: _____

Address: _____

Email address: _____

Telephone no: _____

If signing on behalf of the patient, please give the reason why the patient can't consent for themselves (e.g. patient is under 18 or has cognitive or intellectual impairment).

_____ Date: _____

- If you are signing for a family or other group, please tick the box to confirm that all relevant members of the family or group have been informed.

If the patient is under the age of 18 or has cognitive or intellectual impairment but has sufficient understanding of the consent process and its implications, they must also confirm their agreement:

Signed: _____

Print name: _____

Date of birth: _____

Date: _____

Details of person who has explained and administered the form to the patient or their representative (e.g. the corresponding author or other person who has the authority to obtain consent).

Signed: _____

Print name: _____

Position: _____

Institution: _____

Address: _____

Email address: _____

Telephone no: _____

Date: _____