

## Consent for Publication of Descriptions or Identifying Materials in *Neurology*<sup>®</sup> Journals

I give my consent for publication of information related to my medical condition in the material referenced below ("Material"). This information will be published in one of the American Academy of Neurology's ("AAN") *Neurology*<sup>®</sup> Journals and any related derivative works or products in any media worldwide (e.g., websites, social media).

The Material, which may include articles or medical reports describing the patient, or photographs, figures, and images, or videos, is generally described as follows:

Author: Please complete:

Description of article and other contents: \_\_\_\_\_

\_\_\_\_\_

Author Name: \_\_\_\_\_

---

Patient: Please complete:

I understand that:

- The Material may describe or depict medical conditions.
- Names will not be published with the Material, but complete anonymity cannot be guaranteed. I understand it is possible that someone may recognize the patient or other individuals from the images and/or accompanying content.
- The use of the Material relating to the patient may include publication in the printed and electronic editions of AAN publications, on related websites, on related platforms, in sublicensed or reprinted editions (including foreign language editions), and in other derivative works or products. I understand it is possible that the Material may also be copied and posted online or in print by others without our permission.
- I give all rights I may have in the Material to the American Academy of Neurology. I understand that I will never receive any payment or royalties in connection with the use of the Material.
- The Material may be edited, modified, and retouched.

Please check only one box below after reading each statement:

\_\_\_ I have read the manuscript and reviewed all images, photographs, submissions, and videos that will be included with the manuscript if published.

\_\_\_ I have been offered the opportunity to read the manuscript and review all images, photographs, submissions, and videos that will be included with the manuscript if published but I waived my right to do so.

By signing below, I agree to the above understandings and that this form will be sent to the *Neurology* Journals' editorial office.

\_\_\_\_\_  
Patient's signature

\_\_\_\_\_  
Patient's name

\_\_\_\_\_  
Date

OR

\_\_\_\_\_  
Surrogate's name

\_\_\_\_\_  
Surrogate's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to patient

Minors who are older than 7 years must assent to publication:

\_\_\_\_\_  
Patient's signature

\_\_\_\_\_  
Patient's name

\_\_\_\_\_  
Date