

Case Report Release Form

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- I relinquish all rights, title, and interest that I may have in the photographs, negatives, and copies for this purpose, including but not limited to print and electronic media and medical images related to my case.
- I understand that I will not receive any compensation or payment in relation to the publication of my case.
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- I am of legal age and freely sign this release, which I have read and understand OR I am a parent/guardian/legal representative of the patient able to give permission on their behalf.
- I understand that I have the right to a copy of the final published case, in the event that the case is accepted for publication in the *American Academy of Osteopathy Journal (AAOJ)*.*

I consent to the following information being distributed:

- ☐ A summary of my case will be used in a medical publication with my name and identifying information redacted and/or blurred. I understand that even with this lack of identifying information that someone I know may recognize me through the details of the publication.
- ☐ Photographs, negatives, and copies related to my case, including but not limited to print and electronic media and medical images.
- ☐ I give permission on behalf of the patient.

Patient Name (please print)

Patient Signature

Date

Relationship to patient (if patient is a minor or unable to sign)

Signature of proxy signer (if applicable)

Date

**A copy of the final published case in the AAOJ may be obtained by contacting the American Academy of Osteopathy at the contact information below.*