



Informed Consent for the Publication of a Clinical Case

With this consent form, you are being asked to consider allowing Mr./Ms. (name of the principal author) to use information about your (condition/disease) to write what is known as a Clinical Case Report.

Please read this consent form carefully and take your time to make a decision and ask any questions you may have. **Your decision to participate is entirely voluntary**, and you may withdraw your consent at any time before the clinical case has been published, without giving any reason and without this affecting the quality of your future care or your legal rights. Once the clinical case has been published, it will no longer be possible to withdraw your consent.

A clinical case report is a document that provides detailed information about the diagnosis, treatment, and follow-up of a particular patient, and it is generally used to share novel information that may be useful to other podiatrists, physicians, and healthcare professionals, thereby increasing scientific knowledge. It may be published (in print and/or online) so that others may read it or presented at a conference. You will be informed of any new information related to this clinical case that may affect you.

Your personal information will not be disclosed, and your privacy will be protected in accordance with **Spanish Organic Law 3/2018 of December 5 on the Protection of Personal Data and Guarantee of Digital Rights (LOPDGDD)**. Although your personal information will be kept confidential and protected to the fullest extent permitted by law, as this publication is based on a unique experience, there is a very limited risk of loss of confidentiality. The Material may show or include details of your illness or injury and any prognosis, treatment, or surgery you have had, are undergoing, or may undergo in the future.

You will not directly benefit from the publication of this clinical case. However, the information shared with other healthcare professionals may improve the care received by other patients in the future. Allowing your information to be used in this publication will not involve any additional cost to you. You will not receive any compensation.

If you require further information about this study, you may contact the Principal Investigator of the project, Mr./Ms., or any of the collaborators, at telephone number



INFORMED CONSENT FORM

Patient's Name	
Description of the photograph, image, text, or other material. A copy of the Material must be attached to this form.	
Provisional title of the article in which the Material will be included	

I, _____ (FULL NAME), holder of ID/Passport No. _____, hereby give my consent for the Material concerning me to appear in a publication.

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

- I have read the above information about this clinical case and understand how the information will be used.
- I have seen the photograph, image, text, or other material concerning me.
- I have read the article.
- I am legally authorized to give this consent.
- I have agreed to participate in this clinical case.
- I give permission for the information to be used in this clinical case report.

Please indicate the investigator's contact details: (address, email, telephone):

In, on the day of, 20.....

Name and Signature of Patient	Name and Signature of Investigator
Date	Date