

Declaration of consent (patient)

For the further development of medical treatment in medicine, dentistry and health professions publishing of clinical pictures and treatment methods is indispensable. This is why I expressly agree that all information collected during the course of the treatment, including picture, sound and video material – even if my person / child is recognizable - can be published for scientific purposes as well as for educational purposes in the publishing group of Georg Thieme publishing house and other publishers. The material may be linked with information about the disease pattern as well as about the treatment methods, etc.

I release the attending physicians from their professional obligation to maintain secrecy with regard to such publication.

My consent includes, in particular, the right to reproduce and distribute in printed form (e.g. journal contribution, contribution in medical textbooks, other scientific publications, brochures, etc.), in digital media (e.g. educational film, CD ROM, DVD, electronic paper, databases, internet, cloud-based service, e-book, pdf, ePub, app) etc., as well as in the context of cover design or advertising for such publications.

I can revoke my consent at any time and without giving reasons in writing to the address given below (Georg Thieme Verlag) or via e-mail to datenschutz@thieme.de. The footage is then no longer used for reprints or new printed materials, or in such a way alienated that I am no longer recognizable (for example by image editing with a graphic filter). This also applies to new editions of digital media and new works in digital form. In addition, the images are also removed from the current online offers or likewise alienated so that I am no longer recognizable.

I am aware that granting or denying consent does not affect my medical treatment. I receive no benefits by granting consent; the rejection is not detrimental to my treatment.

This declaration of consent may be submitted to the publishing house for evidence purposes.

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Name of the person represented (please write clearly)

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Place

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Date

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Signature of the displayed person (children over 14 years)

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For persons **under 18 years of age** or persons supervised signature of the legal representative / **both** parents / supervisor

To be completed by the author:

.....
Author's name

.....
Journal / Book

.....
Manuscript title

As at 12 December 2018