**Appendix-VI**

ALL INDIA INSTITUTE OF SPEECH AND HEARING, MYSORE

PRODUCT DEVELOPMENT CELL

**Consent Form for Publication of Identifying *Clinical* Photographs**

 (*You have the right to refuse to sign this consent form. Refusing to give consent will not affect patient care in any way)*

I hereby give consent for taking my photos (face as well as other distinctive body parts) to put in AIISH publications. I understand that my name and initials will not be displayed in the publications. I also understand that even though my name and initials will not be displayed, I might be identifiable.

Full name, address and signature with date

**OR**

I hereby give consent for taking photos (face as well as other distinctive body parts) of my ward Mr./Ms…………………………….………………(*name*) to put in AIISH publications. I understand that his/her name and initials will not be displayed in the publications. I also understand that even though his/her name and initials will not be displayed, he/she might be identifiable.

Parent or legal guardian’s name, address and signature with date & his/her relationship to minor patient or subject