**ALL INDIA INSTITUTE OF SPEECH AND HEARING, MYSORE**

**PRODUCT DEVELOPMENT CELL**

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

**Note:** *This form has to be filled-in by the Person the availing Clinical Service OR the Guardian of the Person in case the person availing Clinical Service, is minor or legally incompetent person. The Person has the right to refuse to sign this consent form. Refusing to give consent will not affect patient care in any way.*

I hereby give my consent for images of my/ my ward’s face or distinctive body markings, or other clinical/health care information relating to my/ my ward’s case to be published in AIISH publications. I understand that that my/ my ward’s name and initials will not be published. I understand that even though my/ my ward’s name and initials will not be published, I/he /she might be identifiable.

*Full name & address of the person availing the clinical service and his relationship with the legal guardian in case he is legally incompetent must be provided*

Date: SignaturewithFull Name & Address

Parent or legal guardian’s full name and signature with date & his/her Relationship to minor patient or subject