**Assent to Publish Information**

1. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have been told that my doctor, Dr. <NAME>, would like to publish an article about me and my condition. This is to help others understand the condition so they can treat others who have it too.

1. I understand that my doctor will not use my name or anything that could identify me when she writes her article. This will protect my privacy so no one will know the article is about me.
2. I agree to let her use my information, and I know that I can always so no. If I say no, no one will be upset with me. Whatever I decide, it will not affect my current or future care in any way.
3. I understand that I can always change my mind and say no later, but if the article is already accepted for publication it cannot be taken back then.
4. If I have any questions, I or my parents can always ask Dr. <NAME> by calling them at [insert phone number].
5. I understand that the following types of information will be published:
* Brief background on the event
* My age
* My gender
* Admitting diagnosis
* The reaction I experienced
* Steps taken to treat me
1. I have been given a copy of this form, all of my questions have been answered by Dr. <NAME>, and I allow her to use my information as explained above to write an article for publication.

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Name (Print) Date