



PATIENT INFORMED CONSENT FORM

I [Name of patient] give my consent to Dr. [Name of Doctor] for information about myself/my child or ward/my spouse/my mother/my father/ my relative (please tick appropriate) [Name of attendant] to be published in Homoeopathic Clinical Case Repository (HCCR) database developed by Central Council for Research in Homoeopathy (CCRH) under Ministry of AYUSH, Govt. of India of registration number [Unique patient id number] of ... /... /..... [Date in day/month/year]. In case, the consent is given on behalf of patient reason for submission may be due to underage child, person lacking capacity, illiteracy, deceased person (please tick appropriate)

I have been informed that the risks are minimal. I have seen the photo, image, text or other material and have read the case report which will be submitted to the CCRH- HCCR database. I am aware that I will not be compensated in any way during this case reporting. I have had the opportunity to ask questions about it and the questions that I have asked to, have been answered in English or my mother tongue (specify mother tongue) to my satisfaction.

I understand the following:

- (1) The Material will be published without the patient's name shown, however I understand that complete anonymity cannot be guaranteed though personal identifiers will be appropriately masked.
- (2) The Material may show or include details of the patient's medical condition or injury and any prognosis, treatment or surgery that the patient has had.
- (3) The case report may be published later on in a journal that is distributed worldwide. CCRH- HCCR database will be used mainly by doctors and other healthcare professionals but are also seen by many others including academics, students and journalists.
- (4) The case report, including the Material, may be the subject of a press release, and may be linked to from social media and/or used in other promotional activities. Once published, the case report will be accessible on CCRH- HCCR Home page and may also be available on other relevant websites.
- (5) The text of the case report will be edited for style, grammar and consistency before publication.
- (6) I will not receive any financial benefit from submission of the case report.
- (7) This permission form will be retained securely and in confidence by CCRH- HCCR database in accordance with the law, for no longer than necessary.

Patient signature _____ Address _____

I (Relative/ attendant/ legal guardian/ any person other than attending doctor) have witnessed the accurate reading of the consent form to the potential participant and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Witness Signature _____ Date _____

A copy of this Informed Consent Form has been provided to Parents/Guardian/Participant

(Signature by the Doctor)