

Patient consent regarding the publication of photographs in articles featured in Acta Dermato-Venereologica

Title of article: _____

Date: _____

Author: _____

Name of person showed in photograph or described in article:

I agree and understand the following:

I give my full permission for the publication, reproduction or other use of photographs of myself (including my face) in articles published in Acta Dermato-Venereologica.

I understand that my information will be unidentified, with the exception of a face photograph, before published and that Acta Dermato-Venereologica will make every attempt to ensure my anonymity. My information will not be used for advertising or promotion purposes.

By granting this permission, I declare, that I have no claim on ground of breach of confidence or any other ground in any legal system against the above-mentioned author and the publishers.

Name: _____

Address: _____

Signed: _____

Date: _____