

## JABFM Revises Patient Consent Policy

To maintain the highest privacy standards for patients, all case reports submitted to the *Journal of the American Board of Family Medicine (JABFM)* for review should include a signed consent form by every patient mentioned in the manuscript. We will not send clinical patient case reports or case series out for review until the consent form(s) have been received.

Our new patient consent form is now on our website ([www.jabfm.org](http://www.jabfm.org)), underneath the information for authors page, and reproduced in Figure 1. The completed form can be uploaded as a supple-

ment in Rapid Review, scanned and emailed to [jabfm@med.wayne.edu](mailto:jabfm@med.wayne.edu) or faxed to (313) 577-9828.

We adapted the patient consent form required by the *BMJ* in developing this form, and some of the language in the *JABFM* form is similar to that in the *BMJ* form.<sup>1</sup>

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### Reference

1. Patient consent form. BMJ Publishing Group Ltd. c2008. Available from <http://resources.bmj.com/bmj/authors/checklists-forms/patient-consent-form>. Accessed 11 September 2008.

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*Conflict of interest:* The authors are editors and staff of the *JABFM*.

## Patient Consent Form

For a patient's consent to publish personal information about him or her in a clinical case report.

<p>FOR THE CORRESPONDING AUTHOR TO COMPLETE:</p> <p>Print name of person described in case report or shown in photograph:</p> <p>_____</p> <p>Description of patient material: _____</p> <p>_____</p> <p>Printed name of person obtaining signature: _____</p> <p>Signed name of person obtaining signature: _____</p>
<p>FOR THE PATIENT TO COMPLETE:</p> <p>I understand the following and give my consent for this information to be published about MYSELF/MY CHILD OR WARD/MY RELATIVE [circle correct description]:</p> <p>(1) The information will be published without my name attached and every effort will be made to protect my anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that somebody may identify me, such as relative or a health professional that cared for me.</p> <p>(2) If the manuscript is accepted for publication, the information will likely be published both in print and online.</p> <p>(3) My personal information will not be used for marketing or advertising purposes. Also, the information should not be taken out of context of the manuscript.</p> <p>(4) I may withdraw my consent at any time before publication. However, once the manuscript has been sent to be processed for publication, <u>my consent can no longer be withdrawn</u>.</p> <p>Signed: _____</p> <p>Date: _____</p>
<p>FOR THE EDITORIAL OFFICE TO COMPLETE:</p> <p>Manuscript number: _____</p> <p>Title of article: _____</p> <p>Corresponding Author: _____</p>

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**Figure 1. Form for Patient Consent to the Use of Personal Health Information in Manuscripts Submitted for Publication.**