Deceased Patient Permission form

For a deceased patient’s next of kin to provide permission for publication of images and/or information about their deceased relative in BMJ publications.

Name of patient: __________________________________________

Relationship to patient (if patient not signing this form): __________________________________________

Description of the photo, image, text or other material (Material) about the patient. A copy of the Material should be attached to this form: __________________________________________

Provisional title of article in which Material will be included: __________________________________________

________________________________________

PERMISSION
I __________________________ [PRINT FULL NAME] give my permission for the Material about the patient to appear in a BMJ publication.

I confirm that I: (please tick boxes to confirm)

☐ have seen the photo, image, text or other material about the patient
☐ have read the article to be submitted to BMJ
☐ am the patient’s next of kin.

I understand the following:

(1) As the patient is deceased, UK data protection law does not apply and there is no legal requirement for consent to be obtained. Permission is being sought as a matter of courtesy and medical ethics.

(2) The Material will be published without the patient’s name attached, however I understand that complete anonymity cannot be guaranteed. It is possible that somebody somewhere - for example, somebody who looked after the patient or another relative - may recognise the patient.

(3) The Material may show or include details of the patient’s medical condition or injury and any prognosis, treatment or surgery that the patient had.

(4) The article may be published in a journal which is distributed worldwide. BMJ’s publications go mainly to doctors and other healthcare professionals but are also seen by many others including academics, students and journalists.

(5) The article, 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 article will be placed on a BMJ website and may also be available on other websites.

(6) The text of the article will be edited for style, grammar and consistency before publication.

(7) I will not receive any financial benefit from publication of the article.

(8) The article may also be used in full or in part in other publications and products published by BMJ and/or by other publishers. This includes publication in English and in translation, in print, in digital formats, and in any other formats that may be used by BMJ or other publishers now and in the future. The article may appear in local editions of journals or other publications, published in the UK and overseas.

(9) I can revoke this permission at any time before publication, but once the article has been committed to publication ("gone to press") it will not be possible to revoke the permission.

(10) This permission form will be retained securely and in confidence by BMJ in accordance with the law, for no longer than necessary. Personal data provided in this form will be used and retained in accordance with BMJ’s Privacy Policy available at https://www.bmj.com/company/your-privacy/.
Please tick box to confirm the following:

☐ Where this permission relates to an article in BMJ Case Reports, I have had the opportunity to comment on the article and I am satisfied that the comments, if any, have been reflected in the article.

Signed: ___________________________  Print name: ___________________________
Address: ___________________________  Email address: ___________________________
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Telephone no: ___________________________
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Date: ___________________________

Details of person who has explained and administered the form to the patient’s representative (e.g. the corresponding author or other person who has the authority to seek permission).

Signed: ___________________________
Position: ___________________________
Institution: ___________________________
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                                          ___________________________
Email address: ___________________________
Telephone no: ___________________________
Date: ___________________________