

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: _____

Provisional title of article in which Material will be included:

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

PERMISSION

I _____ *[PRINT FULL NAME]* express no opposition to the Material about the patient appearing in a BMJ publication and gives permission to proceed.

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 a BMJ publication**
- am the next of kin to the patient mentioned**

I understand the following:

- (1) 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.
- (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 article may be published in a journal that 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.

(4) 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.

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

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

(7) 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.

(8) I can revoke my 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.

(9) This permission form will be retained securely and in confidence by BMJ in accordance with the law, for no longer than necessary.

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

Please tick boxes to confirm the following:

I consent to BMJ storing my contact details (including outside of the EEA) for the sole purpose of contacting me, if necessary, in the future.

Signed: _____ *Print name:* _____

Address: _____ *Email address:* _____

_____ *Telephone no.* _____

Date: _____

If you are signing for a family or other group, please tick the box to confirm that all relevant members of the family or group have been informed.