

The consent to making a video recording and to its distribution for the purposes of documentation, medical education and research, which is required for publishing the video case report.

WORKPLACE ADDRESS:

***CONSENT TO MAKING A VIDEO RECORDING
and to its distribution for the purposes of documentation, medical education and research***

I, signed below,

Name:

Home address:

Legal representative

Name:

Home address:

Give my consent that may make a video recording of my condition for the purposes of documentation, medical education and research. I give my consent for the video recording to be placed on the medical journal's website, www.neurologiepropraxi.cz, which is intended for professionals only.

My attending physician has assured me that neither my name nor any other identifying information will be disclosed with any form of use of the recording. The video recording is made solely for scientific purposes and will thus be reproduced and presented only in relation to medical education and research. Any commercial use or public broadcast of the recording is prohibited.

In , date

Patient's (*legal representative's*) signature.....

Attending physician's signature.....

Note: This document will remain attached to the patient's medical record.