



American Medical Women's Association
Empowering Women & Improving Health Care Since 1915

Patient Consent Form

For patient consent to publication of information about them in Literary AMWA publications & products.

Author: _____ Title of writing: _____

Name of person described in writing: _____

I, _____ [insert full name], give my consent for this information about MYSELF/MY CHILD OR WARD/MY RELATIVE (for whom I hold power of attorney) [circle correct description] to appear in *Literary AMWA* publications.

I have seen and read the material to be submitted to Literary AMWA.

I understand the following:

1. The Information will be published without my name attached and the author has made every attempt to ensure my anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that somebody somewhere - perhaps, for example, a relative or somebody who looked after me if I was in a hospital - may identify me.
2. The writing will be edited for style, grammar, consistency, and length.
3. The writing may be published on the AMWA website, www.amwa-doc.org/literaryAMWA. The website is publically available but accessed mostly by doctors or students.
4. The writing may also be published now or in the future in print format and be publically available.
5. The writing may be used in full or in part in other publications and products of AMWA. This includes publication in English and in translation, in print, in electronic formats, and in any other formats that may be used by AMWA now and in the future.
6. No other promises or assurances have been made to me regarding publication of the writing.
7. I may revoke my consent at any time *before* publication. I understand that it will not be possible to revoke my consent once the writing has been committed to publication.

Printed Name: _____ Date: _____

Signature: _____