



PATIENT CONSENT FORM OF CASE REPORTS FOR PUBLICATION

Regarding the patients' consent to publication of their information in the International Journal of Sexual Science

Patients' Name, Surname

Title

Corresponding Author

consent for publication of the mentioned information

about myself and/ or my relative.

I hereby grant permission for the use of photographs, recordings, and other audio-visual materials of myself, as well as written content such as case histories, in all editions of the specified product and in any related publications, including but not limited to books, journals, digital formats (e.g., CD-ROMs), and online platforms. This also includes the use of such materials in any advertisements or promotional efforts for these products or publications.

By providing this consent, I acknowledge that I have no basis for any legal claim, including but not limited to breach of confidentiality, against (author's/developer's name), its representatives, publishers, successors, or assigns in relation to the use of these photographs, recordings, or textual materials (case histories).

Furthermore, I release and discharge (author's/developer's name), as well as any editors, contributors, their agents, publishers, successors, and assigns, from any claims, demands, or legal actions that may arise now or in the future. This includes but is not limited to claims of libel, defamation, invasion of privacy, infringement of copyright or moral rights, or violation of any other rights connected to the use of my image or case history.

I confirm that I have read and understood the above information, or it has been explained to me in detail. I have had the opportunity to ask any questions, and those questions have been answered to my satisfaction. I voluntarily consent to the publication of the information related to this case report.

I have been informed of and understand the following:

The published information will not include my name or the names of my relatives.

The information may be published in an online journal and made available on a public website.

I may withdraw this consent at any time prior to the online publication of the material. However, once the information has been published, I understand that it cannot be withdrawn.

Date

Date

**Patient's
Signature**

**Medical
Practitioner**