

## INFORMED CONSENT FOR DISCLOSURE OF PERSONAL INFORMATION

(Download file, fill out by hand, and send as attachment)

I, .....,  
Name/s and surname/s of the patient, father, mother or guardian

voluntarily authorise **The Poison**®, scientific journal aimed at the dissemination of Clinical Toxicology, to disclose the material about me/the patient in their publications.

I confirm that:

- I have seen the photograph, image, text or other content about me/the patient (hereinafter “the Material”).
- I have read the article to be sent to **The Poison**®.
- I am legally authorised to give this consent<sup>1</sup>.

I also understand that:

(1) The Material will be published without my name/the patient’s name. However, I understand that full anonymity cannot be guaranteed. Somebody, somewhere (for example a person who looked after me/the patient or a relative) may identify me/identify the patient.

(2) The Material may show or include details of my illness or injury/the illness or injury of the patient and any prognosis, treatment or surgery that I/the patient may have had or may have now or in the future.

(3) **The Poison**®’s publications are mainly aimed at physicians or other healthcare professionals, but they may also be consulted by other people, such as scholars, students and journalists.

(4) Once the article has been published, it will be available in **The Poison**®’s official website and in other web pages or social networks. It may be downloaded from said sites and/or sent by newsletter. The article, including the Material, may be part of press releases and/or be used in promotional activities.

(5) The style, grammar and coherence of the text of the article will be checked before its publication.

(6) I/the patient shall not receive any economic benefit arising from the publication of the article.

(7) The article may also be used in full or in part in other publications and/or products published by **The Poison**® and/or by other publishers. This includes its publication in English, digitally and/or in print, and in any other format that **The Poison**® may use now or in the future.

(8) I may revoke my consent at any time before the publication, but not after the article has been delivered to be published.

(9) This consent form shall be stored safely and confidentially by **The Poison®** in compliance with the law, but no longer than necessary.

(10) **The Poison®** shall not be held liable for the falsification of any of the data appearing in this permission.

**Patient's data** (if applicable)

Name/s and surname/s.....  
Patient's signature.....  
ID type and number.....  
ID issuing country.....

**Father, mother or guardian's data** (if applicable)

Name/s and surname/s.....  
Father, mother or guardian's signature.....  
ID type and number.....  
ID issuing country.....

**Article's lead author's data**

Name/s and surname/s.....  
Lead author's signature.....  
ID type and number.....  
ID issuing country.....  
Affiliated institution.....  
Personal telephone number.....  
E-mail address.....

**Date**  
...../...../.....  
(dd/mm/yyyy)

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<sup>i</sup> The participation of underage patients and of legal guardians in the signature of the informed consent shall meet the rules in force in each country.