

Consent Form

CONSENT I ADITYA NARAYANAN [PRINT FULL NAME] give my consent for the Material about me/the patient to appear in a Sanjeevani Ayurveda Foundation's research and journal work: (please tick boxes to confirm)

- have seen the photo, image, text or other material about me/the patient
- have read the article to be submitted to Sanjeevani Ayurveda Foundation
- am legally entitled to give this consent.

I understand the following:

1. The Material will be published without my/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 me/the patient or a relative - may recognise me/the patient.
2. The Material may show or include details of my/the patient's medical condition or injury, and any prognosis, treatment or surgery that I have/the patient has, had or may have in the future.
3. The article may be published in a journal which is distributed worldwide. The journal'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 Sanjeevani Ayurveda and Yoga Centre's 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/the patient 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 Sanjeevani Ayurveda Foundation 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 publishers now and in the future. The article may appear in local editions of journals or other publications, published in India and overseas.
8. I can revoke my consent 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 consent.
9. This consent form will be retained securely and in confidence by Sanjeevani Ayurveda Foundation in accordance with the law, for no longer than necessary. Personal data provided in this form will be used and retained in our records, in confidence.

Please tick the box to confirm the following:

- I have/the patient has had the opportunity to comment on the article and I am satisfied that the comments, if any, have been reflected in the article.

Signed: Aditya Narayanan  
Print name: ADITYA NARAYANAN

Address: 270 PARK AVENUE SOUTH, APT 3E  
NEW YORK NY 10010

Email address: aditya.narayanan@gmail.com  
Telephone no: +1-917-519-0893

If signing on behalf of the patient, please give the reason why the patient can't consent for themselves (e.g. patient is under 18 or has cognitive or intellectual impairment).

Date: April 13<sup>th</sup>, 2020

- 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.

If the patient is under the age of 18 but has sufficient understanding of the consent process and its implications, they must also confirm their agreement:

Signed: \_\_\_\_\_ Print name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Date: \_\_\_\_\_

Details of the person who has explained and administered the form to the patient or their representative (e.g. the corresponding author or other person who has the authority to obtain consent).

Signed: \_\_\_\_\_ Print name: \_\_\_\_\_  
Position: \_\_\_\_\_ Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone no: \_\_\_\_\_

Date: \_\_\_\_\_