



Children's
of Alabama

**PATIENT CONSENT FOR RELEASE OF PROTECTED HEALTH
INFORMATION FOR EDUCATIONAL USE AND MEDICAL PUBLICATION**

Please print Patient Name: Brian Stoll
Date of Birth: 2-26-19

I consent for my child's medical case to be summarized in writing for the purposes of medical teaching, presentation at a medical meeting, and/or publication in a medical journal. By consenting to the presentation of my case, I understand that I will not receive payment from any party.

Refusal to consent to writing and presentation of my case will in no way affect the medical care I will receive.

I consent to the writing of my child's case summary to be used for educational purposes in training at this facility and/or at local, regional, or national medical conferences. I also consent for the use of this summary in medical publications, including medical journals, textbooks, and electronic publications.

I understand that this case summary may be seen by members of the general public in addition to students, physicians, and medical researchers that regularly use these publications in their professional education. I understand that my child's medical information (protected health information) will be disclosed such as treatment and photos/imaging. Although my case will be summarized without my name, I understand that it is possible that someone may recognize my child through the details of my case.

By signing this form below, I confirm that this consent has been explained to me in terms that I can understand. I am legally authorized to sign this form and do so voluntarily.

Please Print Parent Name: Tiffani Watkins
Address: 9182 Hwy 31
Email: kendalls.mommy5351@gmail.com Phone/Cell Number: 251-359-5351
Signature: Tiffani Watkins Date: 5-19-21

Witness Name (19 or older): ADOLE ROCCO
Signature: [Signature] Date: 5/19/21

If I have any questions or wish to withdraw my consent in the future (to the extent it is already acted upon), please contact:

Requestor Name: Laura K Metrock
Title: Neuro-Oncology Physician
Address: 1600 7th Ave S, Louder Bldg, Suite 500
Phone: (205) 638-9285 Email: lmetrock@peda.uab.edu