

Authorization for Publication of Case Study

I, [REDACTED], give Dr. Michael Clores and his team at Stony Brook University Hospital permission to publish, reproduce, and distribute the attached case study regarding intestinal spirochetosis. I am aware that the case study does NOT mention my name or address, but it does reflect my medical care, gender, age, and medical history.

I have been told that the authors currently plan to submit the case study for publication in a medical journal for educational purposes.

I will not be paid in any manner for use of the case study as described above. I will not receive any royalties or other compensation in connection with any such publication or use.

I am not required to sign this form, and I may refuse to do so. My medical treatment and payment for healthcare will not be affected by whether or not I sign this document.

I may withdraw this authorization for any future sharing at any time by notifying my attending physician in writing, but my withdrawal will not affect information that has already been shared or published. This authorization has no expiration date.

[REDACTED]  
Patient's Name

[REDACTED]  
Patient's Address

[REDACTED]  
Patient's Signature

[REDACTED]  
Date

Consent obtained by:

Michael Clores, DO

Position:

Attending Physician

Institution:

Stony Brook Medicine

Signature:

[Signature]

Date:

[REDACTED]