

PNMT Case Report Client Consent Form

Case Report Title:

Practitioner:

I agree to take part in the Precision Neuromuscular Therapy case report project specified above. I have had the project explained to me, and I have read this form, a copy of which I keep for my records.

I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalised or disadvantaged in any way.

I understand that any data that the practitioner collects for use in the case report will not, under any circumstances, contain names or identifying characteristics.

I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any manuscript about the case report, or to any other party.

I understand that any data collected will be kept in a secure storage area and accessible only to practitioner and their supervisor while the case report is conducted. I also understand that the final case report manuscript may be submitted for publication upon completion of the study, and that any associated data will not, under any circumstances, contain names or identifying characteristics. I also understand that my de-identified data may be aggregated for statistical reporting or research purposes.

Name

Signature

Date: