



NEEDLE APONEUROTOMY – SHARING OF INFORMATION SIGNATURE CONSENT

I have been informed by *The Hand & Wrist Center*, of their interest in “sharing” limited information regarding my *Needle Aponeurotomy* procedure. I understand that the intent to share information, in relation to my procedure, is to raise awareness and help educate other patients about *Needle Aponeurotomy* services available at *The Hand & Wrist Center*.

With my signature below, I give permission to the Physicians and Staff at *The Hand & Wrist Center* to share my “Before and After” pictures, and to share additional information (as indicated below) with other patients and inquiring parties. I understand that if I authorize *The Hand & Wrist Center* to have other patients or other inquiring parties contact me, only my name and telephone number and/or e-mail address will be provided, and at NO time, will my other personal demographic information, and/or other medical chart information, be shared without my further consent.

Lastly, I understand that my “Before and After” pictures may be shared in printed media or web media formats at the discretion of *The Hand & Wrist Center*.

I authorize the following (please check all applicable):

- Sharing of my “Before and After” pictures, but without reference to my name, or other information.
- I will be glad to speak with other patients, and/or other inquiring parties, and my preferred contact method is:
- Telephone: _____
- E-mail: _____
- I decline to share my pictures and I decline to be contacted by any other patients or inquiring parties.

Patient Name (printed): _____

Patient Signature: _____

Date: _____