INFORMED CONSENT TO PARTICIPATE IN THE STUDY.

I:

ID / Passport:

I have read the information sheet that has been delivered to me

I had the opportunity to ask questions about the study.

I have received satisfactory answers.

I have received enough information regarding the study.

I have spoken with the person responsible for the study.

I understand that participation is voluntary.

I understand that I can leave the study whenever I want, without having to give explanations and without affecting my medical care

I have also been informed in a clear, precise and sufficient manner of the following points that affect the personal data contained in this consent and in the file or file that is opened for the investigation:

- These data will be treated and guarded with respect to my privacy and the current data protection regulations.

- The access, rectification, cancellation and opposition rights that I will be able to exercise through the application to the responsible researcher at the contact address contained in this document assist me.

- This data can not be transferred without my express consent and I do not grant it in this act.

I declare that I have read and know the contents of this document, I understand the commitments I assume and expressly accept them. And, therefore, I sign this informed consent voluntarily to DEMONSTRATE MY WISH TO PARTICIPATE IN THIS RESEARCH STUDY ON THE INCLUSION OF OSTEOPATHIC TREATMENT TECHNIQUES IN PATIENTS WITH SUBAGUA OR CHRONIC MECHANICAL CERVICALGIA IN TREATMENT OF CONVENTIONAL PHYSIOTHERAPY VS ONLY TREATMENT OF CONVENTIONAL PHYSIOTHERAPY , until you decide otherwise. By signing this consent, I do not waive any of my rights. I will receive a copy of this consent to save it and be able to consult it in the future.

Date:

Signature of the Patient: Signature of the investigators: