

INFORMED CONSENT FORM

I with

DNI..... declare:

1. I have read the information sheet given to me.
2. To have been able to ask questions about the study.
3. To have received sufficient information about the study.

To have been informed by Mr. Juan J González Gerez as principal investigator of the study “EFFECTS OF THERAPEUTIC EXERCISE PLUS

THERAPY BY MEANS OF CAPACITIVE-RESISTIVE RADIOFREQUENCY AND PERCUTANEOUS AND PERCUTANEOUS ULTRASOUND-GUIDED NEUROMODULATION

IN NON-SPECIFIC CHRONIC NECK PAIN”.

4. My participation is completely voluntary.
5. I may withdraw from the study at any time, without explanation and without affecting my medical care.
6. I am informed that all personal data obtained in this study are confidential and will be treated in accordance with the Organic Law on Personal Data Protection 15/99.
7. I am informed that the information obtained will be used exclusively for the specific purposes of this study.
8. I freely give my consent to participate in the study and I give my consent for the access and use of my data under the conditions detailed in the information sheet.

In Garrucha,

on 2024.

Signed.

Principal investigator signature.