

# Clinical Photography Informed Patient Consent

## Patient Details

Surname  
Forename(s)  
NHS Number  
Unit No.

Medical Illustration reference number  
/ / /

Where photograph(s) taken

**Clinical Photography  
Post Graduate Medical Centre,  
County Hospital  
01785 230624**

Consultant.....Date .....

Requested by: .....

Requirements  Prints  Video  Digital files

Purpose  Teaching  Records  Publication

Diagnosis:

Main Features to be photographed:

**PATIENT CONSENT**  
**No photographs can be taken by any Trust employee until the patient has been made FULLY aware of how these photographs will be used.**  
**The consent form, must be fully completed by the person requesting the work.**

## Patient Consent - There are 4 types of consent:-

### 1. Patient's Records ONLY

I understand that the illustrations requested, to which I have agreed, will form part of my confidential treatment records.

Patient's signature: ..... date: .....

### 2. To Educate New Patients Who are Considering Similar Treatment

I understand that these images may be used to show to patients who are considering undertaking a similar course of treatment.

Patient's signature: ..... date: .....

### 3. Restricted Educational Use by Medical Staff

I also understand that illustrations requested may be useful for the purposes of medical teaching and research and in view of the explanation given to me, I agree that the illustrations may be shown to appropriate professional staff. If illustrations revealing my face or identity are at a later date, required for reproduction in a journal or textbook or any other medical publication, I give my consent.

Patient's signature: ..... date: .....

### 4. For Open Public display (leaflets / displays / WEB sites)

I understand that the illustrations requested here, to which I have agreed, may be useful for the purposes of general education and publication. In view of the explanation given to me, I agree that the illustrations may be published as part of a display or information leaflet or open access web sites, which may be seen by members of the general public.

Patient's signature: ..... date: .....

**I understand that I have the right to withdraw consent at anytime by writing to the Trust and that my choice of consent level will not effect in any way my treatment within this Trust.**

Consent obtained by:.....date: .....

on behalf of (Consultant) .....

Images taken by .....date:.....