

Clinical Photography / Video Consent

LAURISTON • PAEP • RHSC • RIE • SJH • WGH

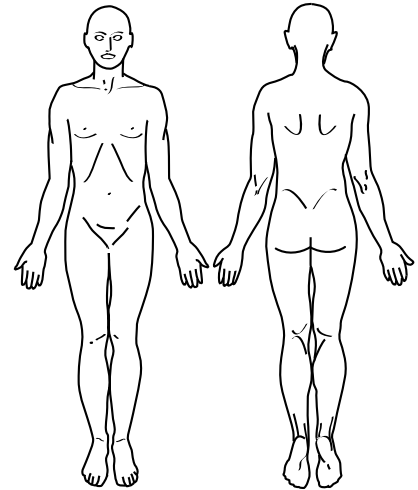
NHS Lothian - University Hospitals Division



Surname		Date	
First Name		Ward / Dept.	
TRAK / CHI No		Consultant	
D.O.B.	M / F	New Pt. <input type="radio"/>	Old Pt. <input type="radio"/> In-Pt. <input type="radio"/> Out-Pt. <input type="radio"/>

Diagnosis / relevant clinical details (**please print**)

Millimetre scale in close-up view



MIM digital image Print Video

Requesting Clinician (print)

Signature Date

Informed Patient Consent (to be completed by patient / parent or guardian)

Clinical photographs form an important part of your health records and every care is taken to ensure that only authorised staff involved in your care have access to them.

There are four levels of consent available to you (A,B,C,D). In view of the explanation given to me by the above clinician. I give consent to the following consent levels. **INITIAL only those that apply.**

Your choice of consent level will not affect your treatment in any way.

- **A Health Records**
I consent to my images/recordings being taken for my personal records only.
 - **B Teaching**
I consent to my images/recordings being made available for healthcare teaching through secure, password protected websites, videos and lectures.
 - **C Publication**
I consent to my images/recordings being published in publicly accessible electronic media including paper based medical journals/books for which payment may be made by the publisher to NHS Lothian.
 - **D Patient to Patient**
I consent to the use of my images/recordings to be shown to other patients as an example of pre/post clinical/surgical procedures.
- I understand that no fee is payable to me for the use of my images/recordings.**

Medico-legal: I understand that the use of my images/recordings might be used to support clinical evidence and may be shown to professional staff for medico-legal purposes, including court proceedings.

Signature of patient / parent / guardian Date

Witness / Chaperone Date

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For Department Use Only

Photographer	Camera/Smart Card No.	Job Ref.	Comments
Image Date	No. of Images	Date Printed/Completion Date	