Patient Label Here

The Chesterfield eye centre

Chesterfield Royal Hospital NHS
NHS Foundation Trust

Consent to Ophthalmic Imaging

PATIENT INFORMATION

Consenting to Imaging, Clinical Photography and/or Audiovisual Recording

If you have been asked to have imaging, clinical photographs or audiovisual recordings taken, these will be identifiable, and the intentions of use are listed below in the 5 consent levels.

I give my consent for the following consent levels: (Please delete Yes or No appropriately from consent level 1-5 below)

1. Your confidential health record. **(Yes/No)**
2. The teaching of health professionals and students studying healthcare here and in other hospitals, colleges or universities. **(Yes/No)**
3. The education of patients with conditions similar to your own. **(Yes/No)**
4. For publication in medical and scientific journals, textbooks or posters, either now or at any time in the future. **(Yes/No)**
5. For specific use that will be explained below: **(Yes/No)**

.....

.....

You can say yes or no to as many, or as few of the above as you wish.

Please be aware that once photographs have been published, you cannot withdraw your consent.

I hereby confirm that I give consent for imaging, clinical photographs or audiovisual recordings to be taken of me, I understand that I will be identifiable from these procedures.

Patient:

Sign: ..... Print: .....

Date: ..... Relationship to patient: .....

Person obtaining consent:

Sign: ..... Print: .....

Date: ..... Position: .....