Consent form for clinical photography in cosmetic surgery and medicine

Name ....DOB............................ Date...........................

The purpose of clinical photography in aesthetic or cosmetic procedures is to communicate the result of an intervention.
Clinical photography is the recording of a patient's stages of treatment, and is an important tool in cosmetic surgery and medicine.

- o It is an essential part of cosmetic surgery and medicine given the visual nature of the profession. Its uses are innumerable; it enables us to document form and function, helps us plan an operation or procedure, and assists us in teaching.

Medical Photography Consent Form
PATIENT CONSENT
I, _____
consent to medical images and / or video being made of me.

I agree that the images may be:

(*Please tick below to show consent*)	YES	NO
Placed in my secure medical record for future treatment	....	....
Electronically emailed to my referring health professional (only if requested)	....	....
Used for education and training	....	....
May be shown to prospective patients in consultations	....	....
Posted on social media (eg. Instagram, Facebook, other)	....	....
Posted on website	....	....
Used in paper or electronic health publications	....	....

- You may have the opportunity to view images before consenting to their use in advertising.
- Photographs will be stored securely, indefinitely, and only accessed by your health professional.
- No identification of you will be made.
- Any identifying features of you will be removed (eg. Tattoo, birthmark,etc).
- You may withdraw your consent at any time.
- Social media platforms may be open to 3rd party comments without our knowledge

By signing below, I confirm that I understand this consent form.

_____   _____
Signature of Patient   Date:

_____   _____
Signature of Doctor/Health Professional/Staff: Date: