Photography Consent Form

MELBOURNE HAND SURGERY

We seek your consent for clinical photography.

Clinical photographs can be valuable in tracking progress and recovery, in evaluating the effects of treatment and the passage of time, in communicating with other health care professionals who are involved in your treatment, and in education and research. Our practice fully complies with the *Privacy Act 1988 (Cth)* and the *Health Records Act 2001 (Vic)* and we offer all our patients the opportunity to place restrictions on the use of these images.

Please read this form carefully, complete it according to your preferences and sign below.

Patient declaration

I consent to clinical photographs and/or video being taken as part of my treatment. I agree that the files may be (*please tick according to your preferences*)

	Yes	No
...placed in my medical record as part of my treatment		
…electronically emailed to another health professional who is treating me for this condition		
…used in de-identified form by health professionals for education and training		
…used in de-identified form in research publications, including but not limited to journal articles and book chapters		
…used in de-identified form on the http://melbournehandsurgery.com practice website for the purpose of patient education		
…used in de-identified form on practice Facebook Page for the purpose of patient education		

I acknowledge that:

- I have read the information above and have received an explanation about what clinical photographs will be taken and why.
- I am aware that this practice has a privacy policy on handling clinical photographs.
- I am not obliged to agree to clinical photography as part of my treatment but that in some circumstances my failure to do so may compromise the quality of the treatment that can be provided to me.
- I am aware of my right to access the information collected about me, except in circumstances where access might legitimately be withheld. I understand I will be given an explanation in such circumstances.
- I understand that my photographs will not be used for any purpose other than set out above without my consent.
- I consent to the use of my clinical photographs for the purposes set out above, subject to any limitations on the access or disclosure that I notify this practice of.

Name:

Signature: Date:

549 Bridge Road
Richmond VIC 3121
P: 03 9427 9596
F: 03 8677 9116

FRACS Fellow of the Royal Australasian College of Surgeons

E: info@melbournehandsurgery.com
W: http://melbournehandsurgery.com
Twitter: @melbhandsurg
Facebook: MelbourneHandSurgery