DANAI
DERMATOLOGY AESTHETIC NURSES ASSOCIATION OF IRELAND

PATIENT CONSENT TO CLINICAL PHOTOGRAPHY

Clinical photographs play a key role in the education of healthcare professionals at all levels and thus benefit clients. Different types of consent are required according to the way in which clinical images will be used. If you do not fully understand any of the below, please ask.

If in the future, you wish to withdraw this consent you have the right to do so at any time by letting us know in writing. Your choice of consent level will not affect your treatment in any way.

TO BE COMPLETED BY THE PATIENT

CONSENT TYPE A: OPEN PUBLICATION

I understand the images requested here are required for publication in a journal, textbook, as part of a display or information leaflet or on an open access web site, which may be seen by members of the general public as well as healthcare professionals. To this I give my consent.
If you do not fully understand any of the above, please ask. Your choice of consent level will not affect your treatment in any way.

Name of

Client: _____

Signature: _____

Date: _____ /_____/____

CONSENT TYPE B: RESTRICTED EDUCATIONAL USE

I also understand that the illustrations requested here may be useful for the purposes of medical teaching and research and in view of the explanation given to me, I agree that the illustration may be shown to appropriate professional staff and included in a professionally assessed logbook.
If you do not fully understand any of the above, please ask. Your choice of consent level will not affect your treatment in any way.

Name of

Client: _____

Signature: _____

Date: _____ /_____/____

CONSENT TYPE C: CASE NOTES ONLY

I understand that the illustrations requested here, to which I have agreed, will form part of my confidential treatment records only.
If you do not fully understand any of the above, please ask. Your choice of consent level will not affect your treatment in any way.

Name of

Client: _____

Signature: _____

Date: _____ /_____/____

Responsible Clinician's

Name: _____

Signature: _____

Date: _____ /_____/____