**THE IMAGES: CLINICAL PHOTOGRAPHY AND VIDEOGRAPHY**

**INFORMED CONSENT**

As a clinician and dental practice, we hold information about patients as part of their medical records, including written records (on paper and on the computer), laboratory test results, scan images and results, photographs, models and moulds (e.g. of teeth) and may also include audio or video files.

The Photographs and Videos of you (“Images”) taken during your appointments form an essential part of your medical records. It allows us to accurately show a dental condition and make a record for your clinical notes, and help us make the correct diagnoses, propose better plans for treatment, communicate our findings with you and enable assessment of treatment progress by looking back at previous records

The “Images” become part of your medical records and are used to provide accurate information before, during and at the end of treatment. These “Images” may be taken by the clinical team caring for you; they have expertise in taking the records.

**‘‘Additional Purposes’’ for taking ‘Images’ records of you**

The “Images”, where you can be identified, are also taken for secondary purposes and are listed below. To comply with the Data Protection legislation, we need your explicit consent to use your “Images” for these “Additional Purposes”

|  |  |
| --- | --- |
|  | Patient signature |
| 1. Teaching and Education: It is common that photographs and videos are used for teaching and education. This allows discussions and learning from different cases between peers to enhance learning; |  |
| 1. Portfolios: Consent for use of your records as part of a ‘before and after’ portfolio. This allows us to communicate with other patients and show what results we can achieve for them; |  |
| 1. Sharing your records with a broader audience e.g. at a conference or for publication (e.g. a journal, book, magazine or online) and for entering professional competitions and contests for dentists; |  |
| 1. Marketing and Social media on social media platforms and other promotional platforms (for example, but not limited to, websites, practice brochures, leaflets, all social media channels); |  |

We respect your privacy and are asking your explicit consent before using your personal data for these “Additional Purposes”.

**Further information:**

Talk to your team about any concerns you have, they will be able to address many of your concerns. Additional information can be found on the Information Commissioner’s Office website.

**Consent confirmation for ‘’Additional Purposes’’:**

* I have read and understand the information provided in this consent form.
* I consent to have the ‘’Images” as described above.
* I understand:
  + I have the right to change my mind at any time, even after signing this form.
  + I have been given a copy of this consent form and have had sufficient time to give my informed consent.

I **consent** to the Dental Practice using my personal data for “Additional Purposes”

This consent form is jointly issued by **[Dental Practice Name**] and all treating clinicians registered within the practice, herein referred to as the ‘Joint Data Controllers.’ By signing this form, you acknowledge and consent to your photographic data being processed for the stated purposes by both the Dental Practice and the Treating Clinician. You have the right to withdraw your consent at any time. To withdraw consent, please notify either the Dental Practice or the Treating Clinician, preferably in writing. Upon receiving your withdrawal request, all reasonable efforts will be made to cease the use of your photographic data and to remove it from any ongoing publications or materials, where feasible.

**“Personal Data”:** Photographs and Videos of me ("Images")

**“Additional Purposes”:** As described above, to include but not limited to, Teaching, Education, Portfolios, Conferences, Publications, Presentations, Competitions and Contests, Marketing, Social media channels and platforms, Websites

I **understand** by providing my consent:

* my Personal Data, as set out in the purpose, can be used for “Additional Purposes”
* If I decide to withdraw my consent for my Personal Data to be used for the purpose, efforts will be made by the Dentist to remove it from existing online and offline publications, but it may continue to appear in existing publications already in circulation.

I hereby **agree** to:

* the Dentist modifying, cropping, adding, or removing from the Images at its own discretion and without my prior approval.
* assign the Dentist with all right, title and interest, the right to bring and defend proceedings, and obtain and retain any relief recovered (including damages or an account of profits) in respect of any infringement, or any other cause of action arising from ownership of the Images.

I **confirm** that I am over 18 years of age.

Signed: Full Name: Date:\_\_\_\_\_\_\_\_\_\_\_\_