Patients’ consent to publication of photographs/video/footage

For the British Society of Dermatological Surgery (BSDS)The purpose of using this material is for the stated aims of the BSDS. The BSDS is a registered charity in the United Kingdom (charity number 800213). Our mission statement is ‘Promoting excellence in skin surgery, Mohs surgery, and lasers’. The purpose of the Society, as stated in our constitution, is ‘to promote for the public benefit interest in and knowledge of Dermatological Surgery.’ In practical terms this mainly means running courses and meetings to teach surgery to doctors and nurses. Therefore images or video of surgery or patient care can be useful to promote the activities of the society, with the ultimate aim of benefitting patients. The BSDS constitution can be read here: <https://bsds.org.uk/who-we-are/constitution/>

This consent form will be kept securely by the BSDS according to data protection safeguards stipulated by the UK General Data Protection Regulation(GDPR).

*Type and subject of material*

Description of clinical photograph(s)/footage/video

………………………………………………………………………………………………….

Original filename

………………………………………………………………………………………………….

Other patient data (specify)

………………………………………………………………………………………………….

I give my consent for this material to appear on the British society of dermatological surgery website (members only, password protected area).

I understand and consent to the following:

* The material will be released without my name or date of birth. Efforts will usually be made to minimise the identifiable features of the material where possible (e.g. cropping out areas of the image that are not needed to show the medical features intended) but my complete anonymity cannot be guaranteed. The material will not be used out of context, e.g. for advertising or packaging commercial products.
* The material may be published on the BSDS website in the password protected members login for access by healthcare professionals only.
* I consent to the material for long-term repeated use.
* I also give consent for the material to be used in publications or as part of BSDS course content (including for in books, journals, the BSDS members newsletter and any material that the BSDS considers relevant to healthcare professionals). I understand that I will not receive any monetary compensation.
* The material is mainly intended for health professionals.
* I can revoke my consent at any time and the ongoing or future use by the BSDS of the material and any other information authorised by this release will cease immediately.

Name of patient/parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of doctor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_