GPs Down Under
Medical photograph consent form

Patient consent to be obtained by clinician for use of clinical photographs

Consent: I understand that my clinical photos to which I have agreed may be used for the purposes of teaching medical and other healthcare students/staff.

Where photographs have been taken using camera phone or digital camera these photos will be stored until they are deleted by the Medical Practitioner.

The photographs will be shared in the closed Facebook group “GPs Down Under”. I am aware that every measure is taken to ensure anonymity and confidentiality. GPs Down Under is a closed group but there is always a small chance that the photos will be visible to people outside of the group.

If, for any reason, you would like to remove the photographs from the GPs Down Under group then contact us and we will remove the photos.

Patient’s signature: ____________________________________________

Date _______________________________________________________

Full name, signature and position of person obtaining consent

Name: _______________________________________________________

Position: ___________________________________________________

Signature: _________________________________________________

Date: ______________________________________________________