



## RCPE Consent Form: Clinical Images (Anonymous)

Images (photographs and videos) of medical conditions play a key part in the education of medical staff. This form asks for your permission to use anonymised images related to your condition for educational purposes, via a restricted-access website. All identifying details will be removed from the images.

**Please complete the details below** (to be completed by the patient, next of kin or their representative)

### Restricted educational use

I give my permission for anonymised images about my condition to be used as follows:

1. Shown to medical students, doctors and healthcare professionals for educational purposes.
2. Used to create e-learning material for use on a secure limited-access website for health professionals in the UK and internationally.

Signature of patient <i>or</i> representative	Date
_____	_____
Name of patient <i>or</i> representative	
_____	

### Open access (which may be seen by members of the public)

In addition, I agree that these images can be used on publicly accessible, non-restricted websites for medical information education purposes (Optional).

Signature of patient <i>or</i> representative	Date
_____	_____
Name of patient <i>or</i> representative	
_____	

Name of medical professional	
_____	
Job title/Dept	
_____	
Signature of doctor/nurse _____	Date _____