

Victoria University Dermal Clinic

PHOTOGRAPHY CONSENT

Name and details

First name:	Surname:
Preferred name:	Date of birth:
Titles:	Personal pronouns:
Phone number:	Email:
Suburb:	Postcode:

Photography consent

Photography and video is regularly used within the Victoria University (VU) Dermal Clinic for the following reasons:

- 1 To document your concern or condition upon presenting to the Victoria University Dermal Clinic
- 2 As a form of evidence to document change in your skin condition over time and/or with treatment.
- 3 It may used to support referral letters to medical or other health and allied health professionals for second opinion or expertise prior to treatment beginning.
- 4 For educational purposes including student learning and assessment activities
- 5 For research purposes and development of evidence for practice to inform future clinical practice.

By signing below, you consent to VU using your image, for the above purposes, and acknowledge that:

- a VU owns all rights to the images and recordings.
- b You will not be entitled to any payment, unless otherwise agreed.
- c VU may decide not to use, publish or reproduce any materials of you.
- d You are entitled at any time to withdraw your consent to the above uses by contacting us and we will discontinue any further use of the image and/or recording.

If you have further questions please contact the clinic reception.dermal@live.vu.edu.au or 03 9919 7897

Signature client

Name:	Date:	Signature:
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Signature legal guardian (if under the age of 18)

Name:	Date:	Signature:
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Student Dermal Clinician to complete

Name:	Anatomical region being photographed/videod:
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