



Consent/Waiver for Clinical Photography & Videography

I consent that photographic images and videos collected during the duration of my treatment with Prosthetic Art Technology (including x-rays, models, photographs) of me may be de-identified and used for the following purpose(s):

- Level 1 (Confidential Record Only)** I understand that the images may be stored as part of confidential patient records and used appropriately as needed for my service provision. (Example: a photo used to justify treatment with my funding body or discussions with medical or allied health professionals relating directly to my prosthetic management).
- Level 2 (Restricted Educational Use)** I understand that the images may be used for clinical teaching and/or research, and shown only to appropriate clinical staff and students and/or displayed on a restricted access educational website. (Example: showing a Prosthetics student video footage of me wearing my new prosthesis).
- Level 3 (Open publication)** I understand that the images may be used for publication in a professional presentations, journal or textbook, or as part of a lecture, display or information/marketing leaflet or on an open access website. These may be seen by clinical professionals, as well as members of the general public. (Example: posting a picture of your prosthesis on our website or social media).

I understand that I do not hold any copyright or any other rights in the photographs taken and do not expect any financial compensation or otherwise for their use.

I understand that this consent will last for the duration of my treatment with Prosthetic Art Technology and I can request to change my level of consent at any time.

I confirm that I am **over 18** years of age (Please tick)

Name (Print)		
Signature		Date

I confirm that I, _____, am the parent/legal guardian of _____.