

Informed Patient Consent for Clinical Photography for the image library on the British Society for the Study of Vulval Disease (BSSVD) website

Please read the following carefully and ask your doctor if you have any questions.

The British Society for the Study of Vulval Disease has a strong commitment to education and training, aiming to achieve high quality standards of care for patients.

The objectives of the society

- The relief of suffering for patients with vulval diseases
- The promotion of research into the cause and management of vulval diseases
- The practice, art and science of understanding, diagnosing and managing vulval diseases

A significant part of our role is education and this is not possible without high quality images. Your doctor has identified that an image or images of your skin/vulval condition may be helpful to share with other healthcare professionals (“Visual Record(s)”). You may already have agreed that your image can be stored in your medical records and or used for medical education.

This consent form is to grant permission for the image(s) to be stored and used on the BSSVD website and otherwise as referred to below.

This means that health professionals who are preparing a lecture can use the images when giving educational talks and also that they may be used for other teaching and educational purposes, for example, for teaching health professionals on line. They also may be used for research purposes. Please be assured that all images are used anonymously and that no other patient details will be stored in relation to the images (although some information will be embedded in the photographs such as the locations and dates of the photographs as these are difficult to remove. It may also be possible to identify you from the photographs if, for example, your case is unusual) There is no obligation to agree to this and your care will not be affected in any way if you decide you would prefer not to consent.

Consent

The Visual Record(s) referred to above have been taken with my permission for educational and teaching and for research purposes as referred to above.

Following discussion / correspondence with the clinician whose name is given below.....

I hereby give permission for these Visual Record(s) to be published on the BSSVD website such that they may be accessed by health professionals and that as a result I understand that electronic publications of the Visual Record(s) may be available worldwide on the Internet. As a result, I understand that the Visual Record(s) may be seen by the general public. I understand that my name and details will remain confidential, as referred to above, and that it may not be possible for me to subsequently withdraw consent as the images may have already been used as set out above. Therefore if you do wish to withdraw your consent please do so within 28 days of the date referred to below.

Signature of Patient/Guardian/Legal representative

Name of Patient/Guardian/Legal representative

Date

Name of clinician seeking consent

Signature of clinician seeking consent

Department

Hospital

Date

Original copy for the clinical lead (and if appropriate host Trust, copy for patient and copy to the BSSVD)