

## Consent for clinical photography

Date

Name

You have been asked to provide consent to have photographs/videos taken of you. All images will be managed in accordance with GDPR data guidance. There are 3 levels of consent that you are being asked to consider. You have a completely free choice to choose any or none of the options, and have the right to withdraw your consent at any time. Please refer to the privacy statement on my website for details [www.rogerseye.co.uk](http://www.rogerseye.co.uk)

LEVEL 1 - I consent for photographs/videos to be taken and stored as part of my clinic record.

LEVEL 2 - I consent for photographs/videos to be taken and stored as part of my clinic record as well as for face to face patient education. In this situation for photos may be shown to other patients who are considering similar procedures to allow an idea of pre and post operative appearance.

LEVEL 3 - I consent for photographs/videos to be taken as for level 2, in addition I consent to these images being displayed on the website [www.simon-rogers.co.uk](http://www.simon-rogers.co.uk) (in this situation I will contact you again to confirm that the images may be shared)

I.....

consent to clinical photos to be taken and used to level.....