

Photo Consent Form Sample for Medical Patients

A **photo consent form** sample for medical patients is a crucial document that ensures patient permission is obtained before capturing or using their images for medical purposes. This form protects patient privacy and complies with legal and ethical standards. It clearly outlines the scope and intent of the photo usage to maintain transparency and trust.

Medical Photo Consent Form

I, , hereby give my consent to to take and use photographs/video recordings of me/my child in accordance with the details below:

Purpose of Photograph(s):

- Medical records and documentation
- Educational/training material for healthcare staff
- Research and publications
- Other:

Scope of Use:

The images may be used in (tick all that apply):

- Internal medical records
- Medical publications/journals (anonymized)
- Educational presentations
- Healthcare facility website/marketing (with explicit permission)

Confidentiality and Privacy:

I understand that my identity will be protected as appropriate and any identifying features will be omitted or anonymized unless indicated otherwise.

Right to Withdraw:

I understand that I may withdraw my consent at any time by informing the healthcare provider in writing.

Consent Declaration:

I have read and understood the information above and agree to the use of my photograph(s) as described.

Patient/Guardian Name:

Signature:

Date: