

CONSENT FOR CLINICAL PHOTOGRAPHY AND FILMING OF SURGICAL PROCEDURE

Dr will be performing a surgical procedure on you at
Hospital on

Dr has requested permission to take clinical photos or videos of certain aspects of your operation for teaching or research purposes, or to promote DAISI activities on its website daisi.com.au.

These photos will typically include various aspects of internal surgery viewed by laparoscopic. Video footage of external aspects of your surgery may also be taken. All photos will not reveal your face or private parts (anus and genitalia) in any way and your identity will in no way be shown in the photo or footage.

You do not have to give consent, and you have the right to refuse with no implications on your surgical treatment, and no disadvantage to your treatment occurring as a result.

You also have the right to view any footage taken and withdraw your consent at any stage.

Please tick the appropriate response and sign below:

[] **I consent** to the taking of clinical photos or videos of my procedure for the purpose of research and education.

[] **I do not consent** to the taking of clinical photos or videos of my procedure for the purpose of research and education.

Patient's Name (Please print)

Signature

Date

For children (defined as less than 18 years of age) the signature of both parents is required.

Patient's Parent's Name (Please print)

Signature

Date

Patient's Parent's Name (Please print)

Signature

Date