



Queensland Government

Royal Brisbane & Women's Hospital

CLINICAL IMAGES / RECORDINGS CONSENT FORM

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex: M F I

It is requested that clinical images / recordings be taken. With your consent, these images / recordings will be part of your patient record and used for ongoing treatment purposes, and may also be used for the purpose of education and training.

This consent limits the use to the purposes only specified by you.

I consent to clinical images / recordings being taken for ongoing treatment purposes only and for inclusion in my patient record

OR

I consent to clinical images / recordings being taken for ongoing treatment and for the following specific purpose(s) for education and training purposes:

.....
.....
.....

I am aware that at any time I can revoke my consent for future use of the clinical image / recording by contacting the Manager, Information Access Unit, Royal Brisbane & Women's Hospital.

Information from the patient record can be accessed under the Right to Information Act. All requests to be directed to Information Access Unit, Royal Brisbane & Women's Hospital.

AUTHORISATION

Name:

Signature: Date / / 20

Relationship to Patient (if applicable):

Captured by: HMMU Other (please print your name & dept):

Patient was unable to give consent due to:

Name: Signature:

Designation: Date: / / 20

INFORMATION ACCESS UNIT USE ONLY

Consent Revoked Date Revoked Date: / / 20

Name: Signature:

Designation: Date: / / 20

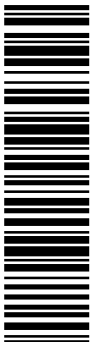
DO NOT WRITE IN THIS BINDING MARGIN

CLINICAL IMAGES / RECORDINGS CONSENT FORM

MR I 4910

V3.00 - 11/2013

Locally Printed



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