

This form is for a patient's consent to the publication of image(s) of them for RCEMLearning content.

Name of patient:	
Relationship to patient <i>(if the patient not signing this form)</i>	
Description of the photo/image	

CONSENT

I _____ [PRINT FULL NAME] give my consent for the photo/image of me/the patient to appear on RCEMLearning.

I confirm that I: (please tick boxes to confirm)

have seen the photo/image of me/the patient

am legally entitled to give this consent.

I understand the following:

(1) The image will be published without my/the patient's name attached; however, I understand that complete anonymity cannot be guaranteed. It is possible that somebody somewhere - for example, somebody who looked after me/the patient or a relative - may recognise me/the patient.

(2) The image may show or include details of my/the patient's medical condition or injury and any prognosis, or treatment that I have/the patient has had or may have in the future.

(3) The image may be published online to a worldwide audience. RCEMLearning content mainly goes to doctors and other healthcare professionals but is also seen by many others including academics, students and journalists.

(4) The learning content, including the image, may be linked to social media and/or used in other promotional activities. Once published, the article will be placed on the RCEMLearning website and may also be available on other websites.

(5) I/the patient will not receive any financial benefit from the publication of the learning content.

(6) I/the patient can revoke my consent at any time before or after publication.

(7) This consent form will be retained securely and in confidence by RCEMLearning in accordance with the law, for no longer than necessary. Personal data provided in this form will be used and retained in accordance with RCEM's Privacy Policy.

(8) This consent limits their use to the purpose specified, i.e. publication on RCEMLearning. No personal details about you (such as your name or date of birth) will appear. If it should be desired to use your image(s) in any other way - for example in a medical textbook, journal or a different website, then the clinician obtaining the photograph must seek your specific permission to do so.

Please tick the box to confirm the following:

If you are signing for a family or other group, please tick the box to confirm that all relevant members of the family or group have been informed. If the patient is under the age of 18 but has sufficient understanding of the consent process and its implications, they must also confirm their agreement:

Signed: _____ Print name: _____

Date of birth: _____ Date: _____

Details of the person who has explained and administered the form to the patient or their representative (e.g. the corresponding author or other person who has the authority to obtain consent).

Signed: _____ Print name: _____

Position: _____

Institution: _____

Email address: _____