

# INTERNATIONAL JOURNAL OF PHYSIOTHERAPY AND RESEARCH

## CONSENT FOR IMAGE REPRODUCTION

I .....agree to have images (photographs/video) taken of my {Enclosed Image}. I understand that these images will be stored in accordance with the Data Protection Act 1998, and will only be accessible by those authorized to view them to support my clinical and physiotherapy care, unless I have agreed otherwise.

I understand that by signing this consent form I agree to a series of images being taken over a period of time {delete if not applicable}.

I understand that should medical or physiotherapy staff wish to use any of the images for any use other than that which I have signed for below, they will be required to seek additional consent from myself.

I understand that I may withdraw consent verbally or in writing at any time, and as part of this. I can refuse to let images already taken be used without my permission.

### **Consent A - Medical and Physiotherapy notes**

I agree that images can be taken and used only in support of my medical and physiotherapy education.

### **Consent B - Teaching**

I agree that any images taken of myself can be used in teaching students and peers. I understand that where possible I will not be recognizable from the images. I also understand that these images may be shared amongst clinical colleagues for teaching purposes.

### **Consent C - Publication**

I agree to images taken of myself being used in the publication of scientific papers. I understand that once published photographs could be seen by anyone, and that they may be published on the internet. I also understand that once published neither I nor the authors of the publication will have control over who may view these photographs.

I consent to **A, B, C** (Please put a cross through those not agreed to)

**Signature:**

**Date:**

**Name:**

**Relationship with the patient (Incase of the Minor patient):**

**Clinician / Senior Staff**

I confirm that I have explained the levels of consent to the patient and they have agreed to have images taken.

**Signature:**

**Full Name:**

**Position:**

**Place:**

**Date:**

**Address for the Correspondence:**

**Contact Number:**

**Email:**

**Submit your Manuscript along with Scanned copy of the consent form to**

**The Editor-in-Chief,**

**International journal of Physiotherapy and Research (IJPR)**

**editor\_physiotherapy@hotmail.com**