

Photography Consent

Patient	
Site of treatment:	

I have been asked by XXXX to consent to my image being used as part of XXXX's materials about the effects of my cosmetic procedure. These images are additional to those that are stored in my patient record to document the outcomes of my procedure. Instead, the images may be made available to current and prospective patients. My image will be used without any filter or modification.

I acknowledge and agree that (tick any or all that apply):

- ☐ My image can be shown to patients during consultations.
- ☐ My image can be published on Doreian Cosmetic Clinic's website.
- ☐ My image can be posted on social media.
- ☐ I have seen these images before signing this document.
- ☐ Dr Doreian's capacity to comment on the image is limited under Australian law to statements that are factual and verifiable.
- ☐ I will not be asked to, and must not, provide any personal testimony about the effectiveness of the procedure and must not make any comparisons between Dr Doreian's services and those of other providers (as any such testimony and comparison is illegal under Australian law).

Images will be stored on Doreian Clinic's Secure devices, with Dr Doreian and staff only having access to them.

I understand that I have the right to refuse use of my image and that exercising this right will not affect my capacity to access services through Doreian Cosmetic Clinic.

I understand that I can withdraw my consent to the use of my image at any time, by contacting [insert email address]. Upon receiving this withdrawal, we will:

- acknowledge your wishes; and
- promptly stop using you image (by not showing them to prospective patients, and delete them from advertising).

I have read the above and consent to use of my image for these purposes

Signed:

Date: