Patient consent for secondary use of medical imaging

Patient name:……..

Guardian name:…… (if applicable)

☐ Check here if minor, or unable to provide informed consent

Date:……..

Practice name:……..

Contact details: ……..

I consent for medical images to be taken of me, or the person for whom I am legal guardian. I understand that the medical photographs, scans, images and related treatment information (collectively "Medical Imaging Data") may be used for purposes of medical teaching, online professional forums, or for publication in medical textbooks or journals, as confirmed below.

I understand that refusal to consent will in no way affect the medical care I will receive and I may withdraw my consent at any time and free of charge without giving any reason by contacting the practice named in this consent form. However, I understand that if the information has been (in whole or in part) broadcast, printed or cached or copied from online publication, or otherwise published or broadcast or copied by an outside third party from an earlier online version, my refusal or withdrawal will not have retroactive effect.

I understand, having read and understood the Patient Medical Imaging Privacy Notice (set out below) that my information will be treated in accordance with this notice.

I consent for these images to be used for:

☐ Medical teaching

☐ Online professional forums, including **……**

☐ Publication in medical textbooks or journals

☐ I consent to the Medical Imaging Data being transferred out of the UK

Although these images and accompanying data will be used without any directly identifying information such as my name, I understand that it is possible that someone may recognise me, and that my image may be processed in a way, either now or in the future, which may reveal sensitive information such as my biological sex or risk of other health conditions.

Signature: ……..

Date: ……..

If you are under 18, we need written permission from a parent, guardian or responsible adult.

Guardian signature: ……..

Date: ……..

© The College of Optometrists Published: March 2021

Patient Medical Imaging Privacy Notice

Please insert your practice name and contact details in the allocated spaces below.

What personal data does.....…… collect?

We will collect the information described in the Consent Form, namely medical images and related treatment information (collectively, "Medical Imaging Data").

Please be aware that this information includes sensitive data as it relates to information about your health and treatment.

How does .....…… collect your Medical Imaging Data?

We collect information directly from you (as part of your treatment).

What is .....…….. legal basis to process your Medical Imaging Data?

We process your Medical Imaging Data with your explicit consent (which we have obtained through the Patient Consent Form).

Who will ……..……..……. share your Medical Imaging Data with?

Your Medical Imaging Data may be shared with anyone when it is published publically.

Who we share your Medical Imaging Data with will depend on the consent you have given. For example, where you have consented for your Medical Imaging Data to be used in medical textbooks or journals we may pass this information onto other companies, such as a third party publication agency, in connection with creating that publication. Where you have consented for use of your Medical Imaging Data for teaching purposes, this may be shared with other optometrist practices, practitioners and universities.

Is your Medical Imaging Data stored outside of the UK?

…...……...…….. is located in the UK. The uses of your Medical Imaging Data to which you have consented may require that the data is stored outside the UK (or access from outside the UK). This will only be carried out with your consent or otherwise when we assure that it is protected appropriately.

How long do we keep your Medical Imaging Data for?

We retain your Medical Imaging Data together with the data we hold about your treatment and do so where we have an ongoing need to do so, for example, for the purposes of providing treatment or in accordance with our regulatory requirements.

When we have no ongoing need to process your Medical Imaging Data, we will either delete or anonymise it, or if this is not possible (for example, because your Medical Imaging Data has been stored in backup archives), then we will securely store it and isolate it from any further processing until deletion is possible.

[Generally, we will retain your Medical Imaging Data for 10 years as recommended in The College of Optometrists' Guidance for Professional Practice].

What are your rights?

You have the following rights in relation to your Medical Imaging Data: (i) to access, correct, update or request deletion of it; (ii) object to processing of it; (iii) ask us to restrict processing of it; (iv) request portability of it; (v) to opt-out of marketing communications; and (vi) to withdraw your consent. You can exercise these rights by contacting us using the contact details provided below.

Please note that where your Medical Imaging Data has been (in whole or in part) broadcast, printed or cached or copied from online publication, or otherwise published or broadcast or copied by an outside third party from an earlier online version, your refusal or withdrawal will not have retroactive effect.

You have the right to complain to the Information Commissioner's Office about our collection and use of your Medical Imaging Data.

Any questions?

The data controller of your personal data is **……..** If you have any questions or concerns about our use of your Medical Imaging Data, please contact us using the following details:

Contact address:……..
Email address:……..

© The College of Optometrists Published: March 2021