



PORTREE MEDICAL CENTRE

PHOTOGRAPH CONSENT FORM

You have been sent this form as we will need your consent to review and share your photographs as necessary.

Name:	Date of Birth:
Address:	
.....	
Representative's name:	
(if sending photos on behalf of patient)	

Who has requested the photograph(s)?

- | | |
|-----------------------|---|
| Dr Sarah Clancy | Dr Ishbel MacDougall |
| Dr Louise Lankston | Dr Helen McArdle |
| Dr Sarah Osborne | Dr Pip Marson |
| Katie Guerra, ANP | Dr Anne Noble |
| Nurse Maureen MacLean | Nurse Ashley MacKinnon |
| Nurse Angela Wint | Administration team (photo required pre-consultation) |

Please read the information below and select as necessary.

	Consent	Do not consent
I consent to the images being included in my personal health records	<input type="checkbox"/>	<input type="checkbox"/>
I consent to the images being sent to secondary care if necessary	<input type="checkbox"/>	<input type="checkbox"/>
I consent to the images being made available for healthcare teaching of staff and students	<input type="checkbox"/>	<input type="checkbox"/>

Please be aware that our administration team will have access to any photographs sent to Portree Medical Centre.

Name	Date and time of consent given

Please return this form with images to Portree Medical Centre.

nhsh.gp55573-admin@nhs.scot