ARTISAN

DENTAL STUDIO

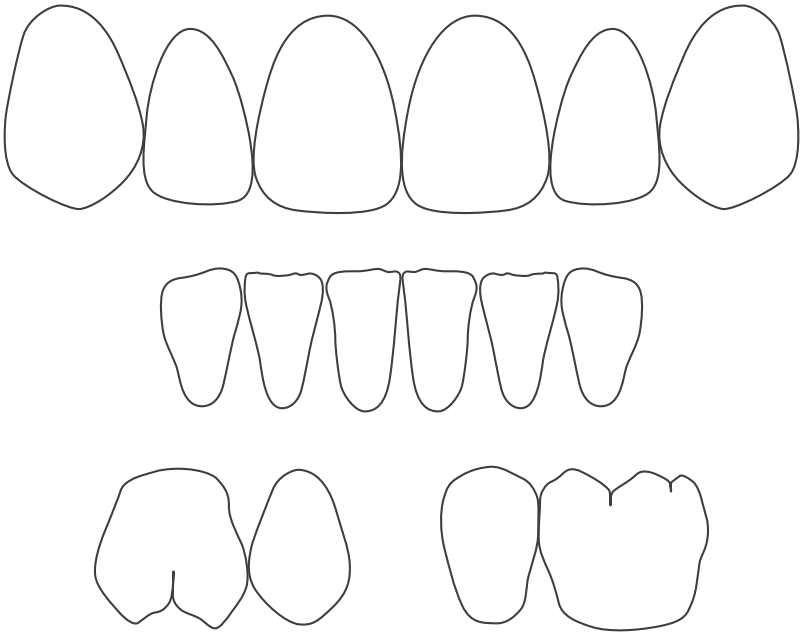
Shade Taking

ARTISAN
DENTAL STUDIO

Individual Shade Taking

Dentist: ---------- Date: ----------

Patient: ---------- Tel no: ----------



Remarks: ----------

Shade: ---------- Finish date: ----------

Artisan Dental Studio has adopted a policy in line with Data Protection Legislation to give you the right to control the use of photographs (including video and digital images) taken of you. It limits the use of any images taken of you solely to the purposes specified by you in the consent form below and you will have rights to control access to, to view or erase images if you wish to in the future.

If there is a need or request from your Dental Practice to use these photographs/recordings in any other way than as part of your health record, we will seek your permission to do so. If, in the future, you wish to withdraw this consent, you have the right to do so at any time by writing to us. Your choice of consent level will not affect your treatment or care in any way.

Your Authorisation

To be completed by the patient:

- I understand that if I do not wish to be photographed it will not affect my treatment or care in any way.
- I confirm that it has been explained to me in terms I have understood how the images or recordings may be used and my rights under UK data protection law.
- I understand that photographs/video recordings to be used by staff for my treatment, stored within Artisan Dental Studio only, are used legally and are not for publication or any other purpose unless requested.
- I understand the material may have educational value – this means it could be used in training staff, for research or publication in different media. I understand this means it may be seen in other countries and also by the general public. I understand that if necessary, every effort will be made to conceal my identity but this cannot be guaranteed.

I agree to its use for the following purposes:

- ☐ I understand these photographs/video recordings are used by staff for my treatment and I consent additionally to their use for the purposes of teaching of other professionals and staff only but not for publication or any other purpose.
- ☐ I consent to these photographs/recordings being used for other purposes including teaching and publication in journals, information leaflets, advertisements and the internet (personal details will not accompany the images). The images/recordings can be viewed by the general public and may be viewed by people in countries outside the UK. (Please note that we cannot guarantee that an image/recording removed from our web server at your request will be removed from elsewhere on the internet).
- ☐ I have concerns about specific occasions where I would not want my information shared. If there are any exceptions you wish to talk to us about before we share any personal data, please use the box below.

Signature of patient ..... Date .....

Signature of staff obtaining consent ..... Date .....

Print full name .....

If you have any questions or concerns regarding the information we hold on you, the use of your information or would like to discuss further, you can contact us any time.

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