

Consent form

For a patient's consent to publication of images and/or information about them in the BDA Postgraduate Presentation Evening.

Name of patient: _____

Relationship to patient (if patient not signing this form): _____

Description of the photo, image, text or other material (**Material**) about the patient. **A copy of the Material must be attached to this form:** _____

Provisional title of article in which Material will be included: _____

CONSENT

I _____ [PRINT FULL NAME] give my consent for the Material about me/the patient to appear in the BDA Postgraduate Presentation Evening.

I confirm that I: (please tick boxes to confirm)

- have seen the photo, image, text or other material about me/the patient**
- have understood that my clinical information will be used in a presentation**
- am legally entitled to give this consent.**

I understand the following:

- (1) The Material will be presented without my/the patient's name attached, however I understand that complete anonymity cannot be guaranteed. It is possible that somebody somewhere - for example, somebody who looked after me/the patient or a relative - may recognise me/the patient.
- (2) The Material may show or include details of my/the patient's medical condition or injury and any prognosis, treatment or surgery that I have/the patient has, had or may have in the future.
- (3) The presentation will be viewed by others including academics, students and members of the dental team.
- (4) The presentation, including the material, may be accessed on social media and/or used in other publications.
- (5) I/the patient will not receive any financial benefit from publication of the presentation.

- (7) I can revoke my consent at any time before the presentaion, but once the presentation has been given it will not be possible to revoke the consent.
- (8) This consent form will be retained securely and in confidence by BDA West of Scotland in accordance with the law, for no longer than necessary. Personal data provided in this form will be used and retained in accordance with BDA West of Scotland’s Privacy Policy available at <https://bdawos.org/privacy-policy/>.

Signed: _____

Print name: _____

Address: _____

Email address: _____

Telephone no: _____

If signing on behalf of the patient, please give the reason why the patient can’t consent for themselves (e.g. patient is under 18 or has cognitive or intellectual impairment).

_____ Date: _____

- If you are signing for a family or other group, please tick the box to confirm that all relevant members of the family or group have been informed.*

If the patient is under the age of 18 but has sufficient understanding of the consent process and its implications, they must also confirm their agreement:

Signed: _____

Print name: _____

Date of birth: _____

Date: _____

Details of person who has explained and administered the form to the patient or their representative (e.g. the corresponding author or other person who has the authority to obtain consent).

Signed: _____

Print name: _____

Position: _____

Address: _____

Institution: _____

Email address: _____

Telephone no: _____

Date: _____