



Consent form – use of clinical case information and images

I, (*patient's name:* _____) consent to the use of information and images including photographs or videos from my hand therapy assessment and treatment to be used for (*mark agreement by clicking on box or print and tick*)

- Educating clinicians relevant to hand therapy
- Educating clinical students
- Service audit
- Publication in professional or scientific journal

I understand that the information and images will not have my name attached to them and will not obviously identify me in any way.

Patient Details:

Name: _____ Tel: _____

Email: _____

Signed: _____ Date: _____

Clinician Details:

Name: _____ Tel: _____

Email: _____

Organisation: _____

Hand Therapy New Zealand membership Full Associate Membership No. _____

Signed: _____ Date: _____