



# HAND THERAPY NEW ZEALAND

*Ringaromi Aotearoa*

## 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: Click or tap to enter a date.

### Clinician Details:

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Organisation: \_\_\_\_\_

Hand Therapy New Zealand membership  Full  Associate Membership No. \_\_\_\_\_

Signed: \_\_\_\_\_ Date: Click or tap to enter a date.