

Pure Movement Clinic

Image and Testimonial Release and Consent Form

Introduction

At the Pure Movement Clinic we are passionate about giving patients as much information as we can to explain the conditions that they might encounter and the treatments that we can provide. We also participate in clinical research and the development of new treatments. From time to time, we take photographic or digital images (moving and still) of people benefitting from our treatments.

We make use of these images, content and associated data for the purposes of promoting and marketing Pure Movement Clinic and for clinical research. This may include printed and electronic publications, video, audio, adverts, press releases, photo galleries, news media, social media, and other media we might use to promote Pure Movement Clinic in the future. Additionally, patient testimonials may also be used in marketing and advertising material. The copyright of any data and/or information covered by this consent form shall be assigned to Pure Movement Clinic and will become the property of Pure Movement Clinic. Embarrassing, humiliating/degrading, offensive images, or inappropriate content, will not be used.

Data Protection Statement - GDPR

To ensure compliance with the GDPR (General Data Protection Regulation) we need explicit permission to process, store and use any of your personal data for marketing purposes or clinical research; this incudes still images, moving images, readouts/digital displays, audio and testimonials. Please sign this form to confirm that you agree with this statement of conditions:

That without expectation of compensation of any other remuneration, now or in the future, I give my consent to Pure Movement Clinic to use my image as described above. The information provided in this form will also be used to show that the Pure Movement Clinic is GDPR compliant is and when requested by the UK Government. We will not pass the details recorded on this form on to any other organisation, unless legally required, without your explicit permission. Your details will only be used to contact you about the material that you have given the consent for.

You may change your mind at any time by contacting us at puremovementclinic@gmail.com.



Personal Details

| Name of patient | | | | | | |
|---|---|--|--|--|--|--|
| Relationship to patient (if the patient is not signing this form) | | | | | | |
| Email address | | | | | | |
| Telephone number | | | | | | |
| Postal address | | | | | | |
| Patient ID (for internal use only) | | | | | | |
| Clinical centre | | | | | | |
| Description of any intended use of photo, image, text or other material (if known) | | | | | | |
| Consent | | | | | | |
| consent for the | (Please print the full name) give my Material about me/the patient to appear in Pure Movement Clinic publications. | | | | | |
| confirm that: | | | | | | |
| | ☐ The intended use/potential use of photos, images, text or other material about me/the patient has been explained to me. | | | | | |
| | I am legally entitled to give this consent | | | | | |



I understand the following:

- (1) Any Material will be published without my/the patient's name attached or included. All reasonable steps will be taken to anonymise/redact personal features, or to crop images/reduce footage to remove unnecessary elements containing identifying features; however, I understand that complete anonymity cannot be guaranteed. It is possible that somebody, somewhere (for example a healthcare provider from another company 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) Medical and clinical research may be published in journals and articles (in print or online) which may have unlimited distribution; such publications go mainly to healthcare professionals but are also seen by many others including academics, students and journalists.
- (4) When publishing any patient testimonials, the text of any material will be edited for style, grammar and consistency before publication.
- (5) I/ the patient will not receive any financial benefit from publication of the Material.
- (6) Material may also be used subsequently in full or in part in other publications and services, published by Pure Movement Clinic.
- (7) This consent is given in perpetuity, and does not require prior approval by me.
- (8) I can revoke my consent at any time before publication, but once Material has been committed to publication should I revoke my consent it may not be possible to fully expunge or remove all digital trace of the Material.
- (9) This consent form will be retained securely and in confidence by Pure Movement Clinic in accordance with the law, for no longer than is necessary. Personal data provided in this form will be used and retained in accordance with Pure Movement Clinic's privacy policy.

| ∐ Thave | read and und | erstood the condi | tions of use and | l agree | to its content. | |
|---------|--------------|-------------------|------------------|---------|-----------------|--|
| | | | | | | |

| Signature | | Date | |
|-----------|--|------|--|
|-----------|--|------|--|

