



Consent for Submission of Clinical Photographs and Media

Patient Name: _____

Patient Date of Birth: _____

Parent/Guardian Name: _____

This consent form outlines the policy and procedures for the submission of clinical photographs, videos, or other digital media (collectively, **media**) of your child to the Queensland Children's Clinic (**QCC**). Please read this information carefully before providing your consent.

Purpose of Collecting Clinical Media

Queensland Children's Clinic is a multi-disciplinary practice dedicated to providing comprehensive paediatric care. To assist our practitioners in delivering the best possible assessment, diagnosis, treatment, and ongoing management of your child's health, we may request or you may offer to provide clinical media. This media can be invaluable for:

Initial Assessment and Triage

Helping our clinical team understand a health concern, such as a skin rash or physical symptom, to determine the urgency and nature of the required care.

Monitoring and Treatment Progress

Documenting your child's condition over time to track the effectiveness of treatment and make necessary adjustments.

Remote Consultation

Facilitating care when an in-person visit is not immediately possible or necessary, allowing for timely advice and management.

Referrals to Specialists

Sharing relevant clinical information with other healthcare providers involved in your child's care to ensure continuity and comprehensive treatment.

How We Handle and Store Your Child's Media

In accordance with the *Privacy Act 1988* (Cth) and the Australian Privacy Principles (**APPs**), all clinical media submitted to QCC is treated as sensitive health information and is subject to strict confidentiality and security measures.

Submission

You may be asked to submit media via secure email or another approved digital platform. We advise you to be mindful of the security of the network you use to send this information.

Storage and Security

Upon receipt, all clinical media is uploaded to your child's confidential and secure electronic health record. Access to this record is strictly controlled and limited to authorised QCC practitioners and staff who are directly involved in your child's care. Our IT infrastructure is managed by a specialist Health IT provider to ensure robust security protections are in place.



Use

The media will be used exclusively for clinical purposes as outlined in section 1. It will not be used for any other purpose, such as marketing, research, or publication, without your separate, explicit written consent.

Disclosure of Clinical Media

To facilitate comprehensive care, it may be necessary to share your child's clinical media with other healthcare professionals, such as a specialist for a referral. We will only disclose this information with your express consent, which may be obtained verbally (and documented in your child's record) or in writing. In rare circumstances, we may be required by law to disclose information, but we will always act to protect your child's privacy to the fullest extent possible.

Data Retention

Clinical media forms part of your child's official health record and will be retained for the minimum period required by law for medical records. After this period, the media will be securely and permanently deleted from our systems.

Your Rights and Withdrawal of Consent

You have the right to access the personal information we hold about your child, including any clinical media, and to request corrections if you believe it is inaccurate. You also have the right to withdraw this consent at any time for any future use of clinical media. A withdrawal of consent will not affect any media that has already been collected and stored as part of your child's medical record but will prevent any new submissions from being accepted or used. To withdraw consent, please contact our Privacy Officer in writing.

Parent/Guardian Acknowledgement and Consent

By signing below, I acknowledge that I have read and understood the information provided in this consent form. I voluntarily consent to the submission of clinical photographs and/or other media of my child to the Queensland Children's Clinic for the purposes outlined above.

I understand how this media will be collected, used, stored, and protected, and I am aware of my rights regarding my child's personal information.

Signature of Parent/Guardian: _____

Date: _____

For all privacy-related enquiries, please contact:

Privacy Officer: Michelle Prado

Email: michelle.prado@qldchildrensclinic.com.au

Practice Manager: Cora Armstrong

Email: admin@qldchildrensclinic.com.au

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