



## Patient information and consent form about pre-post patient photos and videos

Op. Dr. Oytun İdil ( Estetik plastik cerrahi ) / + 90 533 5690649 / oytunmd@gmail.com

**PATIENT'S NAME AND SURNAME:**

**DATE:**

**SIGNATURE:**

This form gives you the right to control how the photos and videos taken during your treatment / medical practice will be used in the future.

As the data controller, Op. Dr. Oytun idil is responsible.

The data controller (Op. Dr. Oytun idil) is responsible for taking “adequate precautions to be taken by data controllers in the processing of sensitive personal data” within the scope of paragraph (4) of Article 6 of the Personal Data Protection Law and sub-paragraph (ç) of paragraph (1) of Article 22. liable.

Photos and videos are primarily taken for the purpose of making comparisons between before and after surgery / medical application. Photo and/or video recording is required for comparison in future checks. Patients who do not allow photograph and video recording in our clinic are not accepted for surgery / medical practice.

Records of pre- and post-operative photographs and videos taken during the operation are not released outside the clinic. These image recordings are not given to the patients themselves. If our patients want to watch their own surgery images, they can watch it in our clinic.

Pre- and post-operative photographs and video recordings can be used for scientific purposes in scientific congresses, symposiums and scientific courses by hiding the identities of the patients. It can also be used in printed publications such as medical articles by hiding the identities of the patients.

It can be used in advertisements and promotions without revealing the identity of the person.

My doctor, Op. Dr. Within the framework of what Oytun idil told me, I give permission to take my photos / photos and / or to take photos and videos with the help of these devices, using clinically approved devices to be included in the medical records of myself or the person I am his agent / guardian. I know that while I allow my images to be used for scientific purposes in scientific meetings such as congresses, symposiums or in scientific publications such as medical articles, medical books, no

payment will be made to me or no benefit will be offered other than to support education and research.

I was assured that when photographing and/or video recording, only the relevant region will be recorded as far as possible, and in cases where this is not possible, all necessary precautions will be taken to prevent my identity from being revealed.

If I have a problem in the future or if I do not want my photos and videos to be used in advertisements and promotions, Op. Dr. I was assured that my photos and videos would be taken from these advertisements and promotions, upon my request, by contacting Oytun idil. In this regard, the responsible person Op. Dr. I know that he is Oytun idil and I can reach him at +90 533 5690649 or by e-mail at oytunmd@gmail.

By signing this form, I accept that information has been given to me in a way I can understand.

By keeping my personal information confidential, my images (photographs and videos) that cannot be identified are taken, stored in the clinic, used in scientific meetings (congress, symposium, scientific course, etc.), used in scientific publications (medical article, medical book), clinical promotion and I agree to be used in advertisements.

**NAME SURNAME:**

**DATE:**

**SIGNATURE (please sign by writing "I have read and understood"..):**