
	VISUAL CONTENT RECORDING AND PROCESSING CONSENT FORM			
Doküman no: YÖN.RB.246-01	Yayın Tarihi: 12.08.2023	Rev.No: 00	Rev.Tarihi:	Sayfa No:2/1

I am allowed to take photographs and/or videos of myself and to use the visual contents that will appear during the shootings within the scope of promotion and information in health services.

I hereby acknowledge that I have read and understood this text and that I have given my explicit consent to its processing, sharing and use by the healthcare facility/healthcare professional, on the condition that my identity is kept confidential.

Approval/Legal Representative ;

Name Surname :

ID :

Date :

Signature :

Consent Receiver ;

Health Facilityv:

Name and Surname of the Doctor :

Position/Title :

ID :



History :

Signature :

DESCRIPTIONS

- The patient has the right to withdraw this consent at any time.
- This consent form is for the processing, sharing and use of visual data and has no effect on the treatment process.

Every surgical or interventional procedure carries risks. Results may vary from person to person. The same result may not be obtained in every case. Early results can be misleading, the result in the visual may change over time. It is mandatory for the patient to be informed by the practitioner before the procedure.

	CONSENT FORM			
Doküman no: YÖN.RB.246	Yayın Tarihi: 12.03.2023	Rev.No: 00	Rev.Tarihi:	Sayfa No:2/2

COMMITMENT

In the information I will give to the public on radio and television, I aim to protect the health of the public and with the awareness of the responsibility required by my profession;

- I will comply with the laws, public morality, medical deontology and health professions ethics rules,
- I will act in accordance with basic ethical principles such as honesty and impartiality, dignity and trust, courtesy and respect,
- I will stay within the limits of my own expertise/professional field when providing information,
- I will not provide information regarding the diagnosis and treatment of a particular patient or patients,
- I will not speak in a way that would mislead, mislead or cause people to panic,
- I will not create a false impression by exploiting people's lack of knowledge and experience or by making exaggerated claims,
- About treatments and methods whose accuracy has been proven scientifically and clinically or which has not been regulated by legislation, which I define as a medical procedure; I will not provide information that these methods cure or help treat diseases,
- I will not direct patients to a specific person or a specific healthcare facility in a way that would violate their right to choose a physician or healthcare facility,
- I will not speak in a way that guarantees the results of health services and promises certainty,
- I will not use quotations from scientific publications and scientific terms in a misleading manner,
- I will not use violent, humiliating or mocking expressions towards healthcare institutions and healthcare professionals,
- I will not provide information about medical procedures that are prohibited in our country according to the current legislation,

I declare and undertake.

Name Surname :

Position/Title

ID :

Diploma No :

Date :

Signature :