

For use by Non-Clinical Photography Staff :-  
**Consent for Clinical  
 Photography / Video Recordings**



*A Visual Support Tool is available, to assist in discussions with patients who have capacity yet also have communication impairment. This would be used in conjunction with this form.*

**Consent explanation**

NHS Tayside has a policy in line with the Data Protection Act which gives you - the patient, the right to control the future use of your images (including video, digital photographs and audio recordings) taken of you during the course of your treatment.

Your clinician/therapist would like you to have a clinical video/audio/still recording taken. They will ask you to give your consent to the recording being used for medical record purposes only, by ticking the first box next to the statements overleaf. These recordings will become part of your medical records.

If your recordings are to be used for another purpose, such as teaching of medical/nursing staff in Tayside or for publication, your clinician/therapist will explain the use. They will then ask you to check that the correct consent statement has been ticked, before you sign your agreement.

This consent then limits the use of your recordings, to the specific uses agreed by you. Should we want to use your images in another way, at a later date - for example, in a medical textbook or an on-line teaching resource - then your clinician/therapist will need to ask your permission to do so again.

Clinicians/Therapists name: *(please print)*

.....

Specialty: *(please print)*.....

Camera Registration Number.....

Signature:.....date:..... /..... /.....

Patient details or label

Name .....

Street .....

Town .....

Postcode .....

CHI Number

Following the explanation given to me by the above clinician/therapist, I give the following level of consent :-

- A** Medical Records I consent to the recordings being taken for my Medical Records only.

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- B** Teaching\* I consent to the recordings being made available for Healthcare Teaching through secure password protected NHS computer systems.

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- C** Publication\* I consent to my recordings being published in publicly accessible electronic media (includes paper based medical journals/books). If you decide to withdraw your consent at a later date - it may not be possible to recover them, once in the public domain.

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- D** Patient to Patient\* I consent to my recordings to be shown to other patients as an example of pre/post clinical/ surgical procedures.

*\* I understand that no fee is payable to me for the use of the recordings, refusal to consent will NOT affect medical care.*

*I am aware that I may withdraw any or all of these permissions at any time and that refusal to consent will not affect your medical care (be aware that once in the public domain, it may not be possible to stop the use of this material).*

Patient Signature:.....Date.....

Status #:.....

# relationship to client if signed on their behalf.