Media consent form

This form says that you give your permission to be photographed, filmed or taped for the programme/occasion detailed below and that you give the permission for free.

Patient/visitor [print name]______________________________

Date:________________________________________________

Programme / Occasion__________________________________________

Consent To: [ ] Audio Recording  [ ] Filming  [ ] Photography

In the interest of promoting the hospital and/or informing the public concerning activities at the hospital or for medical, educational or scientific purposes, I consent to audio recordings, the taking of videotape recording, or photographs, as indicated above, of the operation or treatment which is scheduled to be performed on me or in connection with medical services I am receiving from person responsible for my care. I authorise this under the following conditions:

(1) The person responsible for my care and the Trust press office are aware and give consent.

(2) The recordings and / or photographs shall be used for publicity, education or science; such photographs and information relating to my case may be published and republished, exhibited either separately or in connection with each other, in a professional journal or medical book, or used for any other purpose deemed proper in the interest of medical education, knowledge, research or to promote activities at the hospital in the news media provided, however, that it is specifically understood that in any such publication or use, I shall not be identified by name without my consent below. I grant this consent as a voluntary contribution in the interest of medical education and knowledge, or to promote the hospital.

(3) I waive all rights I may have to any claims for payment or royalties in connection with any exhibition, televising or other showing of these recordings, or photographs.

(4) I understand that photographs, electronic images, films or tapes may be edited, modified, or retouched for artistic purposes to withhold identity or for other graphic production reasons which may or may not be within the hospital's control.

___________________________________________________________
Signed (Patient/visitor)

___________________________________________________________
Witnessed by Press Officer/appropriate member of staff

One copy of this consent form should be placed in the patient's notes, the other kept in the press office.