

NHS Grampian

Consent for Clinical Photography & or Video

Consent

<p>Patient name.....</p> <p>patient label</p> <p>Unit number.....</p>

In view of the explanation given to me by Prof/Dr/Mr/Ms/Mrs..... ward/dept.....

I consent to photographs/video being taken as detailed below. **Print name patient's consultant**.....

Please initial as appropriate

- | | | |
|---|---|--------------------------|
| 1 | For my confidential notes. | <input type="checkbox"/> |
| 2 | For teaching under & post graduate healthcare students and staff. | <input type="checkbox"/> |
| | a. Local | <input type="checkbox"/> |
| | b. National/international | <input type="checkbox"/> |
| 3 | Single publication in medical journals, books, medical DVD's or for the specific purpose described below.
This consent does not extend to any further publication(s) | <input type="checkbox"/> |
| 4 | For the specific purpose described below. | <input type="checkbox"/> |

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Signature of patient/parent/guardian.....Date.....

Diagnosis and photographic views required (must be completed)

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Signature Clinician/Health Care ProfessionalDate.....

N.B.
Images stored in Medical Photography Department/elsewhere please specify.....

If the clinical photography/video is undertaken by Medical Illustration, this copy must accompany the patient complete with instructions,(in a sealed envelope). Carbon copy must remain in the notes.

Electronic copies of this form may also be used and are available on the Information Governance Intranet Website under 'Data Protection'.

White top copy – Medical Illustration. Blue copy - retain in notes.