

Clinical Photography Consent Form

including video/audio recording, live videolinks & consultations

CHI No:

Hosp No:

Surname:

Forename:

DOB:

Diagnosis:

Consultant:

Dept: Ext:

I have fully explained:

1. The recording procedure named on this form.
2. The various levels of consent.
3. The ways in which these recordings may be used.

Name (CAPITALS):

Grade/designation:

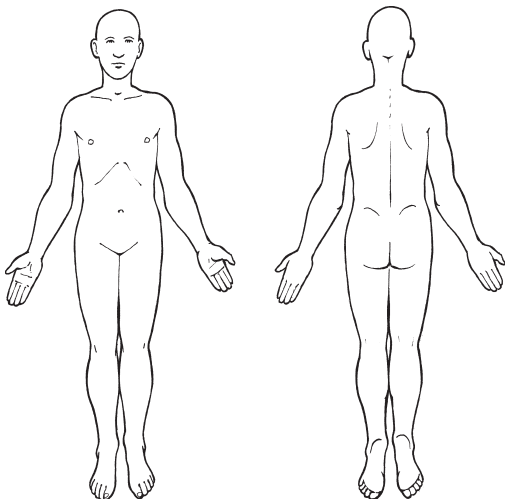
Incapacity form completed (if appropriate): Y

Chaperone requested: Y N

Date: _____ MIS No: _____

Photography Video/audio Live videolink

Views Required: _____



For departmental use:

Photographer No. of images

Uploaded MIM

Informed Consent

To be completed by patient/ parent (please see notes over)

All images taken within NHSGG&C are stored in a secure image database; only authorised staff have access to this system.

There are three levels of consent available to you (A, B or C); please indicate below the level you wish to allow. Your choice of consent level will not affect your treatment in any way.

Please tick or cross one box in every section		Agree	Disagree
A	Medical Records: I consent to recordings being used for monitoring treatment; a copy will be placed in my health records.	<input type="checkbox"/>	<input type="checkbox"/>
B	Teaching: I consent to the recordings being used to teach medical, dental, nursing and healthcare staff and students.	<input type="checkbox"/>	<input type="checkbox"/>
C	Publication: I am happy to be contacted to give written consent if my images are requested for medical publications. A separate form will need to be signed for each specific publication.	<input type="checkbox"/>	<input type="checkbox"/>

If you wish to withdraw consent at any time, you may do so by writing to NHS Greater Glasgow & Clyde.

I am the patient

I am the parent

Signature: _____

Date: _____

Guidance for healthcare professionals

- A patient has the right to grant, or withhold, consent prior to any recording procedure.
- The healthcare professional must give the patient sufficient information, in a way he or she can understand, about the proposed recording procedure.
- The patient must be given enough time to read this form and ask any questions relating to it or to the procedure.
- The patient must be allowed to decide whether he or she will agree to the recording procedure, and thereafter may refuse or withdraw consent to the procedure at any time.

The patient's consent to the named procedure should be recorded overleaf. Written informed consent should normally be obtained prior to any recordings; contact Medical Illustration for information on limited exceptions. For further guidance on the Consent to Medical Photography, Video & Audio Recordings and Live Video Links & Consultation Policy please contact Medical Illustration.

Guidance for patients and parents

You should read this form and the notes below carefully. You may ask a relative / friend / nurse to be present while the healthcare professional explains the procedure and asks you to sign the form.

- If there is anything you do not understand, please ask the healthcare professional for an explanation. They are here to help you and will explain the procedure, purpose and possible use of any recordings.
- If for any reason you are not content with the explanation, you are entitled to refuse the procedure.
- If you wish to proceed, you should sign the form overleaf.

1. Where practicable, your identity will not be disclosed in any recordings
2. You may be asked to give consent to the presence of students during the procedure; this is important for training staff for the future of the National Health Service.
3. Chaperones: you are entitled to request a chaperone for photography. This can sometimes delay the photography session if a suitable member of clinical staff is not immediately available. If appropriate, you can request to be re-appointed at a later date (with a same sex photographer if requested). Your healthcare professional will be able to tell you if this is an option. **Your decision to request a chaperone will not affect your treatment in any way.**

Contact Telephone Numbers

Help Desk:24692		GGH Ophth:.....Ext 51015	
SGH:.....Ext 61825	Page 7588/7020	Dental:Ext 89725	
GRI:Ext 24692	Page 3680/3953	Victoria ACH:Ext 68537	} Page 6509
Stobhill ACH:Ext 11406	Page 5796	Victoria Ophth:.....Ext 68526	
Stobhill Ophth: Ext 11580		RAH:0141 314 7057	
Yorkhill:Ext 80152	Page 2127	Inverclyde:01475 504 379	
GGH:Ext 53171	Page 5541	WIG:Ext 51773	Page 5542