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| Camera Registration |
| Medical Photography |
|  |

Do you use a camera in your department?

Yes

No

## If you do not have a camera in your department/ward but are looking to purchase one, please contact Medical Photography so that we can advise you on your purchase.

## Ext. 3192

## Email: [Medicalphotography@salisbury.nhs.uk](mailto:Medicalphotography@salisbury.nhs.uk)

## You will need to register your camera with Medical Photography

## Contact Medical Photography

## Ext. 3192

## Email: [Medicalphotography@salisbury.nhs.uk](mailto:Medicalphotography@salisbury.nhs.uk)

## You will be sent a camera assessment form; this will help us to understand your needs and requirements for the medical photography team within your department.

## You will then receive an image process form/agreement.

## Medical photography will then put an image process into place for your department.

## This will enable all images taken within your department to be uploaded to PACS. For viewing by clinical staff across the trust.

## It is policy that all images taken within the trust are uploaded and available for viewing by clinical staff.

Department Camera Assessment Form

## Once completed please return back to:

## Medical Photography, Level 3, North Corridor or Email it back to [Medicalphotography@salisbury.nhs.uk](mailto:Medicalphotography@salisbury.nhs.uk)

### It is policy that all cameras within the trust are registered and that any images taken within the trust are uploaded and available for viewing by clinical staff.

### To register your camera(s) please complete the form below.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Department name and location within the trust | |  | | | | | | | | |
| Camera make/model that is currently in use within your department | |  | | | | | | | | |
| Do you have an SD card with your camera?  If yes how many? | | 1 | 2 | | 3 | | | 4 | | 5 |
| Is the camera locked away within your department? | Yes | No | | | | | ***If no then there needs to be a safe place where your camera can be locked away*** | | | |
| Person responsible for making sure the camera is locked away at the end of the day? | |  | | | | | | | | |
| How often do you use your camera for photographing patients | | Daily | | 3-4 times a week | | Weekly | | | Fortnightly | |
| How competent are you at using your camera?  Would you require any additional information or training? | | Yes | | | | | No | | | |

## Please send this form back to Medical Photography. In reply to this, Medical Photography will send you an image process form. This will need to be signed and returned to the Medical Photography Department.

## If you require any help or have any questions please feel free to email us at [Medicalphotography@salisbury.nhs.uk](mailto:Medicalphotography@salisbury.nhs.uk)