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| Camera Registration |
| Medical Photography |
|  |

Medical Photography Image Process Form/Agreement

EXAMPLE

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| --- | --- | --- | --- | --- | --- |
| Department name and location within the trust | Burns Unit | | | | |
| Make and Model of your camera | Nikon D5200  1X SD Card | | | | |
| The camera will be safely kept (location) | Burns unit, ward Office | | | | |
| Person responsible for the camera | Burns unit staff using the camera | | | | |
| Your camera will be collected on this day by a member of the photography team | Mon | Tues | Wed | Thurs | Fri |
| Date that the service will be reviewed | 3rd June 2016 | | | | |

All images on the camera collected will be uploaded by the end of the working day. Or if in times of staff annual leave/ sickness the images will be at least stored safely so the camera can be cleared of images.

If the image process protocol supplied by Medical Photography is not followed, resulting in images being taken that are unidentifiable, the person responsible for the camera will be notified and it will be their responsibility to identify them. If the images are still unidentified after 3 months the images will be permanently removed from our system.

### In Agreement to this form please fill in the information below

Job title:…………………………………………………………………………….

Department/Ward:…………………………………………………………

Print Name:………………………………………………………………………

Signature: …………………………………………………………………………

### Please send this form back to Medical Photography, Level 3, North Corridor

### 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)