

**Consent for making and showing photographs, video and audio recordings of patients for publicity purposes**

**Consent Form**

I/We have received an explanation regarding the purpose of this recording/photograph and give permission for photographs/visual/audio recordings to be made and shown and for Salisbury NHS Foundation Trust or the organisation which has been given permission to take the photographs/visual/audio recordings to keep a copy of these.

This statement applies to the following purposes: (\*Please delete as appropriate if necessary)

* Any publicity (\*including the Trust’s Intranet and website), publications and presentations produced for internal and external audiences
* Broadcast on international, national or local radio/television
* Publication in any publication/website external to the Trust, including social media (Facebook etc). *Please note that the Trust may not have control on their future use in these circumstances*
* Audio/video recordings of patient stories will be shared with the Board and may be stored on the hospital’s intranet so that they can be listened to by clinical teams to ensure that learning is shared

Please circle what has taken place: photograph visual recording audio recording

|  |  |
| --- | --- |
| Name of patient/staff member/ person giving their story | …………………………………………………………………………………… |
| Home address/ward or dept | ……………………………………………………………………………………  ……………………………………………………………………………………  …………………………………………………………………………………… |
| Contact telephone number(or next of kin/relative/carer/advocate) | …………………………………………………………………………………… |
| Patient/staff member signature | ………………………………………………………………date ……………. |

**If signed on behalf of patient by next of kin/relative/carer/advocate**

Name …………………………………………………………………………….

Relationship to patient …………………………………………………………………………….

If there are other people who are in the foreground and form part of the main photograph/audio/visual recording, please print name and sign consent below (use reverse side for additional names if needed)

1. ……………………………………………….. 2. ……………………………………………………...

3. ……………………………………………….. 4. ……………………………………………………...

5. ……………………………………………….. 6. ……………………………………………………...

I authorise the recording/photograph …………………………………………. Date ……………………

Please sign and date the form (see above) and file this with the patient’s notes giving a copy to the person/staff member who is the subject of the photograph/audio/visual recording.