

Filming/Photography Consent Form

You have been asked whether you would like to participate in communications activities at the Trust. Thank you for considering this. The choice whether to take part or not is entirely yours and if you need time to think about what is involved please say so. You are under no obligation to sign this consent form and your clinical care or treatment will not be affected in any way by the decision you make. If you would like to continue, please take the time to read through this document carefully.

How the footage/images will be used

The footage/images obtained may be used at any time within the next five years by University Hospitals Plymouth NHS Trust for promotional purposes about the specific event/activity you have taken part in. This will include use on our Trust website, on social media and within printed publications/materials).

I understand and agree to the footage/images being used as described above

please tick

The footage/images obtained may be used at any time within the next five years by University Hospitals Plymouth NHS Trust for general promotional purposes. This will include use on our Trust website, on social media, within presentation and exhibition publications/materials.

I understand and agree to the footage/images being used as described above

please tick

How the footage/images will be stored by the Trust

I understand the Trust will keep all its images in accordance with data protection law and archive the images that have not been used after five years. I also understand that the still / moving images / audio used for publicity or marketing purposes are in the public domain and therefore could potentially be reproduced, altered, or re-used by anyone in the world outside of the Trust's control.

I understand and agree to how the footage/images will be stored

please tick

Your right to withdraw consent

You have the right to withdraw your consent and/or request that the footage/image is removed from our image library at any time. You can do this by contacting us on: communications.phnt@nhs.net

I understand I have the right to withdraw my consent and I know how to do this

please tick

Other media groups

If there is a media group present (e.g The Herald, BBC Spotlight etc.), the footage/images obtained by this media group may be televised, used in print, online and / or on social media by that media group.

I understand and agree to the footage/images being used as described above

please tick

I am completing this form to confirm that I have read through this carefully and I give my consent to take part in the filming/photography and for the Trust to store the footage/images. *(please tick relevant option)*

As the patient being recorded

As the parent or guardian of the patient being recorded

As the guardian or next of kin of the patient being recorded

As a visitor/guest being recorded

Please complete and sign overleaf:

Patient Name: Address: Department/ward	Signature: Date: Email address: <i>(if electronic copy of photo is requested)</i> Hospital/NHS Number <i>(to be completed by or on behalf of patient)</i> <i>Alternatively affix patient label here</i>
If child patient – Name of Parent/Guardian	

To be completed by the Communications Team:
Image reference/description: Name of Media Group: Purpose of film/footage/interview: Dealt with by: