

## CONSENT TO PHOTOGRAPHY / VIDEO

Nottingham University Hospitals NHS Trust has adopted a policy in line with the Data Protection Act 1998 which gives you full control of usage of your visual records.

### Medical Photography

These images will form part of your medical records. They may be used for teaching medical, paramedical and nursing staff as well as medical students in Nottinghamshire and other UK Medical Schools. They may also be presented at scientific meetings in the UK and abroad. This consent limits their use to the purposes specified by you. Should it be desired to use your visual record(s) for any other purpose for example, in a medical textbook, medical poster or a DVD- the Trust will seek your specific permission to do so. All images taken at NUH are saved and stored by the trust.

Please indicate below the level of consent you wish to allow.

In view of the explanation given to me by Prof/Dr/Mr/Miss/Mrs:

ALABIZABA

- ☒ I consent to visual records being taken for my medical case notes only  
☒ I consent to visual records being taken for my medical case notes and teaching as described.

Signature of patient / parent / guardian:

Name (print):

Relationship if not patient:

Date: 22/5/13

For adults who are unable to consent to photography.

Stage 1 - What is affecting your patients ability to consent to medical photography / or make decisions?

Stage 2 - Is your patient not able to:

- ☐ Understand the information  
☐ Retain information  
☐ Weigh up information  
☐ Communicate  
(TICK ALL THAT APPLY)  
Other:

Photographs can **only** be taken for medical reasons and must be in the best interest of the patient.

Signature of medical professional:

Name:

Job title:

Copy of consent given to patient: Yes/No

### Medical Photography Requirements

Consultant:

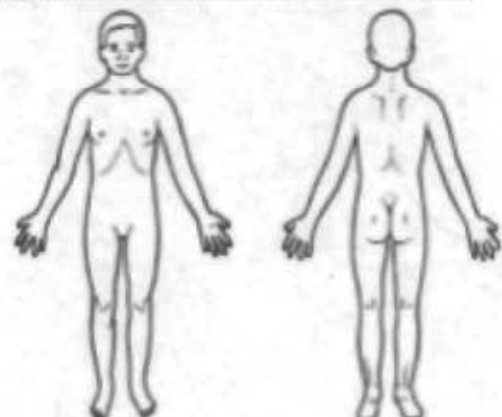
Department:

HPB

Diagnosis:

Views required:

- ☐ PHOTOGRAPHS (on-line image database)  
☐ PRINTS for NOTES (ONLY if essential)  
☐ VIDEO  
☐ 3D photography - studio, only QMC campus



Date: Photographer:

Location:

Top copy Medical Photography.

Second copy to patient.

Third patient medical records.

Note: For publication separate specific consent is needed- form available from Intranet

Approved Aug 2015 review Aug 2017

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Nottingham University Hospitals NHS

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Please indicate below the level of consent you wish to allow.

In view of the explanation given to me by Prof/Dr/Mr/Miss/Mrs: Mr. Brown

☐ I consent to visual records being taken for my medical case notes only

☒ I consent to visual records being taken for my medical case notes and teaching as described.

Signature of patient / parent / guardian: [Redacted]

Name (print): [Redacted]

Relationship if not patient: [Redacted]

Date: 10/11/15

For adults who are unable to consent to photography.

Stage 1 - What is affecting your patient's ability to consent to medical photography / or make decisions?

Stage 2 - Is your patient not able to:

☐ Understand the information

☐ Retain information

☐ Weigh up information

Other: [Redacted]

☐ Communicate

(TICK ALL THAT APPLY)

Photographs can **only** be taken for medical reasons and must be in the best interest of the patient.

Signature of medical professional: [Redacted]

Name: [Redacted]

Job title: [Redacted]

Copy of consent given to patient: Yes/No

### Medical Photography Requirements

Consultant: ..... Department: .....

Diagnosis: .....

Views required: .....

- ☐ PHOTOGRAPHS (on-line image database)  
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Date: ..... Photographer: .....

Location: .....

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Second copy to patient.

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NLH037795

Nottingham University Hospitals



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Hosp No: K3012589  
106/Sec: 1547847 (70) F  
UHS No: 455 830 884 (21)

Redwood Drive  
Nottingham  
NG7 2UH

0115 950 0000  
0115 950 0000

(Please also attach patient ID bracelet if available)

