

*Patient identifier/label*

**Public Relations Photography / Filming Consent Form**

We often use photographs of people on our website and in publications to provide important information, publicise our services or record special events. We also make some short films for the same reason. These images may be sent to external media and published on the internet. We also work with external media on news stories or documentaries about our services.

This form allows us to record that you have given informed consent for images of you or your child to be used in this way. Please be assured that this is completely your decision and we totally understand if you would prefer not to be filmed or photographed. Your decision will never affect your care or that of your loved one or friend.

**Consent statement:**

I give my consent for my image to be used by Doncaster and Bassetlaw Hospitals NHS Foundation Trust in all areas of promotion and publicity\*. I understand that images of me / my child may appear in the Trust's printed and electronic internal communications, external communications and by other external media including newspapers, magazines and broadcasters, websites and social media.

Signature:..... Date: .....

Your name:.....

Name of child\*\*:..... Relationship to child:.....

Email and phone:.....

Address:.....

Any restrictions on use\* :.....

*(We will only use your details to contact you about these images.)*

**For completion by staff member witnessing signature:**

Subject and location:.....

Signature:.....

Name and job title:.....

**File in the patient's casenotes and send a copy to Medical Photography & Graphic Design.**

\*Please note that once a picture is published or transmitted electronically, it is in the public domain, and it is effectively impossible to control its subsequent use.

\*\*You must be a parent/carer with the legal right to consent on their behalf.

<b>Complete electronically and print three copies – Each copy must be signed.</b>		
<b>Copy distribution – Casenotes</b>	<b>Relative/Parent/Guardian/Friend</b>	<b>Department of Medical Photography, DRI</b>