



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive
South

CORK UNIVERSITY HOSPITALS GROUP

CONSENT TO PHOTOGRAPHY, AUDIORECORDING, VIDEORECORDING OR DIGITAL IMAGING

The staff responsible for your care want to take photographs or make an audio recording or a videorecording or digital imaging related to your condition. Your doctor or healthcare practitioner will explain why the photography, audiotape, video or imaging is important. The reasons are explained on the back of this form. Please read the information provided and put your initials on the box on the back of this form that applies to your consent.

Below is a place for you to sign that you have read this information and that you agree to the points listed.

You may change your mind at any time about any of the points in this consent. But if you do, you have to say so in writing to the Hospital.

Patient, parent or guardian signature

Date

__	__	__
day	month	year

Witness name (block capitals)

Witness signature

Date

__	__	__
day	month	year

Clinician name (block capitals)

Clinician signature

Date

__	__	__
day	month	year

Option A: The photographs, audiotape, video or imaging needed for teaching purposes in Cork University Hospital Group

I understand that the photographs, audiotape, video or imaging are needed for the purposes of teaching doctors, nurses or other healthcare professional staff who work in the Cork University Hospital Group. I understand that the images or tape will be stored and maintained in ways to protect my privacy by the member of staff who requests the images or tape, and that the images or tape will not be used for any other purpose and that they will be used only in the Cork University Hospital Group. I understand that the legal copyright for the images or tape will be held by Cork University Hospital Group.

Tick Your initials

I consent to the images or tape being taken and used for this purpose under these conditions.

Option B: The photographs, audiotape, video or imaging needed for publication purposes

I understand that the photographs, audiotape, video or imaging are needed for the purposes of publication in the type of publication named below. I understand that the images or tape will be copyright by that publication. I also understand that the images or tape may be available on the internet if the publication is available through the internet.

Type of publication, eg, type of professional journal, professional newsletter, textbook, etc.

Tick Your initials

I consent to the images or tape being taken and used for this purpose under these conditions.

Option C: The photographs, audiotape, video or imaging needed for another purpose

I understand that the photographs, audiotape, video or imaging are needed for the specific purposes described below. I understand that the images will be copyright as described below.

Description of purpose and copyright owner

Tick Your initials

I consent to the images or tape being taken and used for this purpose under these conditions.