



FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O.	
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

Facility:

CONSENT FOR PHOTOGRAPHY/VIDEO/AUDIO

This form gives Western Sydney Local Health District (WSLHD) permission to use the photos/videos/audio taken of you for promotional, educational, or clinical purposes.

I, _____ understand and acknowledge:
print name

- That WSLHD may publish photos/videos/audio (or any copies of it) in any promotional, media, or advertising material, or on any online platform now or in the future. I understand that there is a possibility that the footage, photos, or audio may not be used.
- That these photos/videos/audio will be retained and managed by WSLHD in accordance with the Privacy and Personal Information Protection Act 1998, State Record Act 1998 and the Health Records and Information Privacy Act 2002.
- That I may request a copy of, or access to, these photographs/images/recordings.
- That my participation is completely voluntary and I can withdraw my consent, in writing, at any time in the future.
- That withdrawal of my consent will come into effect from the date the withdrawal is received by WSLHD and existing resources may not be able to be withdrawn from circulation.

Signature _____ Date ____/____/____

If you are 16 years or under, parent, guardian or carer (please circle) to complete this field to consent.

Signature of person _____ Print name _____ Date _____

Witness

Signature of WSLHD employee _____ Print Name _____ Date _____

If interpreter used to obtain consent:

Signature of Interpreter _____ Print Name _____ Date _____

By signing here interpreter warrants that the subject of the photos/videos/audio capture has consented.

Person seeking consent: _____

Designation: _____

Purpose: _____

Photograph information: _____

Ward/location: _____

Contact phone number: _____

Filing

Copy to Media and Communications.

If the subject is a patient, place original in the patient's record.



WSHR-0336

BINDING MARGIN - NO WRITING