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:

• 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will come into effect from the date the withdrawal is received by WSLHD and existing resources may not be able to be withdrawn from circulation.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.