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Photography consent to allow use of images for public distribution

I confirm that I give permission for the photographs/ video tape/ images/ sound recordings of me to be included within St George's Healthcare NHS Trust production/publication.

I understand that the material may have publicity and educational value. I consent to the images being shown to appropriate professional staff and used in public and corporate publications, including but not limited to, journals, textbooks, electronic publication and storage or distribution, anywhere in the world. As a result, I understand the images may be seen by the general public.

I understand that all or part of the material may be used in conjunction with other photographs, drawings, videotape images, sound recordings or other forms of illustration. I understand that I can ask for my identity to be concealed, both visually and by removing name/s that associate me with the media, but that full confidentiality is not guaranteed.

I understand that I have the right to view the material by arrangement with the communications department, and that I can rescind this consent, in writing, at any time. However, I realise that the recovery of the material may not be possible if it has already been released.

I understand that no fee is payable to me by St George's Healthcare NHS Trust, or any other person, in respect of the material, neither now or any time in the future. I understand that I will have no copyright claim on the material.

I confirm that the purpose for which the material will be used has been explained to me verbally, in terms that I understand.

To be completed by parent/guardian if patient is under the age of 16

Name		
Signature		Date:
Address		
Contact telephone number		
Verified by (print name)		Date: