

Consent form for video recordings of patient/employee

The undersigned, (patient, patient's legal representative, or employee/student),

Name:

Address:

Postal code: City/Town:

Telephone: E-mail:

(If applicable:) Legal representative of:

Patient's date of birth*:

*If the patient is older than 12, not only should the legal representative sign, but also the patient himself/herself.

hereby consents to (institute)..... making and using video and/or audio recordings in which he/she cannot recognizably be seen and/or heard. The consent will apply to the recordings made by and for:

Photographer / Producer:

Purpose / Project Name: ***A secure, peer-reviewed and quality-controlled platform offering videos of medical procedures exclusively accessible for licensed healthcare professionals***

Application / Medium: ***MedPeers***

Without the undersigned's renewed consent, the materials will be not used for any other purpose besides those described above. Please read the explanation on the reverse side as well.

Date:

Signature:

.....

.....

The undersigned media representative (photographer/producer),

Name: Medium:

Telephone: E-mail:

hereby states that he/she will comply with the conditions described above *and* on the reverse side regarding the use of video/audio recordings of the above-mentioned patient/employee.

Explanation

You have been approached about whether video recordings may be made of you. We will explain here what your rights are if you wish to cooperate in this request and what this will involve.

Consent

If video recordings are made of you in which you can recognizably be seen or heard, the General Data Protection Regulation (GDPR) will apply. These recordings may not be used without your consent. Before starting, the photographer/producer wishing to make the recordings will, therefore, ask you whether you agree to this. If you prefer not to participate, you can simply say so. You need not explain this further. If you are a patient, your choice will not change anything about how the Institute staff deal with you. If you like, you can be made unrecognizable in the video. You can state this beforehand. In this case, you will not be identifiable.

If you want to participate, the photographer/producer will explain to you the purposes for which he/she wishes to use the recordings. In this case the video will be uploaded on a secure, peer-reviewed and quality-controlled platform offering videos of medical procedures exclusively accessible for licensed healthcare professionals.

Revoking consent If you have consented to the video recordings being made, but nonetheless decide later that you do not want them to be used, you can always revoke your consent. MedPeers will remove the recordings from the platform. MedPeers is only responsible for the content on the MedPeers platform.

You should bear in mind that it is often impossible to remove recordings which are on the internet (websites/social media). If you do not want this, you should not participate.

If you still have questions about the recordings, your rights or other issues, please contact:

(institute)

Communications Department of institute. Tel: (+..)

E-mail:

Or contact the MedPeers platform directly:

support@medpeers.org

If you consent to video recordings being made and used for the above-described purpose, we kindly ask that you sign the front of this form. You will receive a copy of the form.