

## Consent to collection and use of a recording device or camera for Photographs, Video or Sound Recordings for Health Care purposes

Use this form to record an individual's consent to the collection of the individual's health information using a recording device or camera that may not be obvious to the individual for a purpose authorized under the *Health Information Act* which may include: Clinical Care, Patient Safety, and Health Care Provider Education

Name of individual being photographed or recorded			
Address			
City/Town	Province	Postal Code	Phone Number
Name of individual giving consent ( <i>Patient or Legal Representative</i> )		Source of Legal Representative's authority ( <i>Attach a copy of the document which authorizes you</i> )	
Type of recording <input type="checkbox"/> Still/Digital Photographs <input type="checkbox"/> Sound Recordings <input type="checkbox"/> Video Recordings ( <i>with or without sound</i> ) <input type="checkbox"/> Other, _____			
Specific Purpose <input type="checkbox"/> Clinical Assessment and Treatment <input type="checkbox"/> Safety <input type="checkbox"/> Clinical education <input type="checkbox"/> Other, specify _____			
I understand that I have been made aware of the reasons that photographs, video and/or sound recordings are needed. I understand that I have the right to refuse to grant this consent.			
Signature of individual giving consent		Date ( <i>yyyy-Mon-dd</i> )	
<b>Witness</b> I watched the individual giving consent sign above ( <i>witness must be at least 18 years of age</i> )			
Name	Signature	Date ( <i>yyyy-Mon-dd</i> )	

*The information on this form, together with any record authorizing a representative to act on behalf of the patient/client, is being collected under sections 22(3) and 23 of the Health Information Act for the purpose of recording the patient's/client's consent to the specified recording and will be filed on the patient/client record. For questions about this collection of information, contact the program area that provided you with this form or contact the Chief Privacy Officer at 10101 Southport Road SW, Calgary, AB T2W 3N2, or call 1-877-476-9874 or email [privacy@albertahealthservices.ca](mailto:privacy@albertahealthservices.ca)*