



659 Main Street
Penticton
V2A5C9

Tel: 778 7821 8220
Fax: 778 646 2556
info@wesmed.ca
www.wesmed.ca

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 authorised under the Health Information Act which may include: Clinical Care, Patient Safety, and Health Care Provider Education.

Name of individual being photographed and recorded:

Address: _____

City: _____ *Postal Code:* _____

Phone: _____ *Cell:* _____

Name of individual giving consent (Patient or Legal Representative) _____

The type of recording is always video and will only be used for clinical assessment, treatment and physician safety.

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.

Consent to voicemail with results Y / N

Consent to share results over the phone with a family member Y / N (Name: _____)

Signature: _____

Witness Name: _____ Witness Signature: _____

The information on this form, together with any record authorising 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.

Fax this form and a copy of the document which authorises you as legal representative to 778 646 2556 or email to info@wesmed.ca