



# Consent to Use Photograph/Video/Audio Tape/ Slide for Publicity/Teaching/Research Purposes Form

This authorisation relates to the specific purpose(s)/time(s) listed below. Use of these photographs / videos/ tapes/slides for any other purpose/time will need to be re-authorised.

The complete form is to be placed in the Client's file.

I /We \_\_\_\_\_  
(Full Name/s)

Address \_\_\_\_\_  
Post Code: \_\_\_\_\_

Give written approval for: \_\_\_\_\_  
(Client Name)

to be **photographed /videoed/ audio taped**

(Please provide information below with the purpose for which photographs / videos / audio tapes are to be used.)

PURPOSE	YES/NO	DATE
Publicity..... .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Valid: from..... to.....
Teaching..... .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Valid: from..... to.....
Research .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Valid: from..... to.....
Other – please define.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Valid: from..... to.....

Except for the express purpose(s)of release or usage as consented to, photographs, video and audiotapes will be kept as part of the client’s records and be bound by the same confidentiality.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Client or Family Member/Caregiver or Legal Advocate  
(Please circle whichever applies)

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Staff Member requesting information

**Please return this completed form to the Novita staff member requesting the information.**