

CONSENT FORM FOR VIDEO/PHOTOGRAPHY OF CLIENT

Name: _____

File Number: _____

Activity: Video recording or photography of a patient or a treatment session with a therapist.

Place of Video Recording/ Photography: _____

I hereby acknowledge that:

1. I agree to have my picture taken/ picture of my injury taken or a video of my treatment session recorded by the treating therapist to be used for educational purposes/ informed practice.
2. I can withdraw from this activity at any point and that refusal to participate will not affect my care. I will not receive any financial benefit by taking part in this activity.

I Hereby: (Mark the appropriate block with an X)

	Voluntarily declare my consent to participate in this video recording or photographing
	Declare that I am not willing to participate in this video recording or photographing

Patient Signature
(or Guardian Signature)

Date

IMVUME YOKUTHATHA IVIDIYO NOMA ISITHOMBE SESIGULI

Igama: _____

Inombolo yefayela: _____

Umsebenzi: Ukuqopha ngokwevidiyo noma ukuthwebula kwesigulu noma iseshini yokwelashwa.

Indawo: _____

Ngiyakuvuma lokhu:

1. Ngiyavuma ukuthi kuthathwe isithombe noma ividiyo yokulimala/yokugula kwami ngesikhathi sokwelashwa ngenhloso yezemfundo/ izinqubo ezinolwazi.
2. Ngingahoxa nganoma isiphi isikhathi futhi ukuhoxa ngeke kuphazamise ukwelashwa kwami. Asikho isinxephezelo engizosithola uma ngivuma ukuba yingxenye yalokhu.

Mina: (maka ibhokisi elifanele ngo X)

	Ngiyavuma ukubamba iqhaza kulokhu kuqoshwa kwevidiyo noma ukuthwebula
	Angizimisele ukubamba iqhaza kulokhu kuqoshwa kwevidiyo noma ukuthwebula

Sayini: isiguli
(noma umnakekeli wesiguli)

usuku