

Consent for making a video of a point of care ultrasound (PoCUS)

I

hereby give my permission to South African Academy of Family Physicians, 15 Oxford Street, Durbanville, South Africa (hereinafter referred to as “SAAFP” and/or “the academy”), and Global Ultrasound Institute ((hereinafter referred to as “GUSI”), that a video, likeness and/or interview statements may be made of the PoCUS performed by Doctor:

.....

The consent includes but not limited to;

1. Permission to film, photograph or otherwise make a video reproduction of me and/or record my voice;
2. Permission to use my voice; and
3. Permission to use parts of quotes from the video of me and/or recording of my voice, in part or in whole for educational or awareness purposes.

I understand that the provision of the afore-mentioned information is both a mandatory and contractual requirement for the **Point of Care Ultrasound Course to ensure that the doctor gains competence in this skill** and the failure to provide same and/or an objection may result in the participant’s non-acceptance to the Programme, as the participant’s information is required for the legitimate reasons mentioned herein.

The Academy\GUSI may also be bound by legislative requirements (such as those contained in the Higher Education Act 101 of 1997) and/or good governance practices to obtain and/ or retain the personal information as mentioned herein for record keeping and/or statistical purposes.

SAAPF\GUSI will endeavour to ensure that the appropriate security measures are in place and/or implemented, for both electronic and paper-based formats used for processing the

participant's personal information in terms of Protection of Personal Information Act 4 of 2013, to avoid any and all instances of security breaches by ensuring the video will be used for teaching and assessment purposes only and is regarded as highly confidential and will be kept confidential.

The participants have the right to access and amend their consent using the relevant SAAFP platform, and the participants remain solely responsible for ensuring that their information is always correct and up to date. Please send an email to admin@saafp.org for guidance in this regard.

I have read or had read to me in a language that I understand the above information before signing this consent form. The content and meaning of this information have been explained to me. I have been given opportunity to ask questions and am satisfied that they have been answered satisfactorily. I understand that if I do not consent it will not alter my management in any way.

.....

Patient Name

.....

Patient/ Caregiver signature

Date

Time

.....

.....

Person obtaining consent

Date

After the doctor has completed the PoCUS, please sign below to confirm that you are still happy to have the recording used.

Patient/Caregiver Signature..... Time.....