

# Why we would like to take your photograph



Patient information and decision form

Email: [feedback@leicspart.nhs.uk](mailto:feedback@leicspart.nhs.uk)

Website: [www.leicspart.nhs.uk](http://www.leicspart.nhs.uk)

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It is Leicestershire Partnership NHS Trust's policy that all adults admitted to our inpatient units are photographed. There are two reasons for this:

- To reduce the risk of medication errors caused by patients being wrongly identified.
- To assist in the early identification and return of missing vulnerable patients.

We recognise the sensitivity of this issue but this process enables us to run a safe and effective service and to assist the Police in every possible way if vulnerable patients are missing.

While we recommend that all in-patients have their photograph taken, you have the right to refuse and your refusal will not affect your care in any way. You can also agree to have your photograph taken for the use of reducing medication errors but refuse to have it released to the Police.

Only one printed photograph will be in existence at any one time. The photograph will be taken with a digital camera and printed immediately. The digital image will then be immediately deleted from the camera's memory in your presence so that no additional prints can be made.

Upon discharge from the unit the photograph will be returned to you or destroyed in your presence.

We appreciate your co-operation with this policy and reassure you that the photograph will only be used for the reasons above and not for any other purpose. Should you be unhappy about the need to have your photograph taken, or wish to refuse, please talk to your named nurse who will explain the reasons to you in more depth.

Thank you for your co-operation.

## Photographing of adult inpatients consent or decision form

Patient Name

Date of Birth   Ward/Unit

### Part one - patient has the capacity to consent

The policy on the photographing of adult inpatients has been explained to me by:

Staff member's name

Position  Ward

### Consent to photograph being used in relation to medication

I agree/do not agree\* to my photograph being taken and used to ensure the safe administration of medication (\*delete as appropriate).

Signed (patient)  Date

Witnessed by (print staff name)

Staff Signature

### Consent to photograph being used by the Police

I agree/do not agree\* to my photograph being taken and used to assist the Police in locating and supporting me if I am at serious risk of harm (\*delete as appropriate).

Signed (patient)  Date

Witnessed by (print staff name)

Staff Signature

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## Part two – best interest decision

An assessment of capacity has been made. Based on a lack of capacity to make this decision a 'best interest' decision has been made to take/not take\* a photograph and the decision recorded in the notes (\*delete as appropriate).

Signed (doctor  
or senior nurse)

Print name

Date