

VIDEO RECORDING OF TREATMENT
INFORMED CONSENT / PATIENT AGREEMENT

**To be completed and signed by the patient, parent or legal guardian.
A parent or legal guardian of a patient under the age 18 must also read and understand each item before signing the agreement.**

I, _____ (patient's name), hereby agree that the medical procedure that I am about to have, will be filmed.

Doctor _____ (doctor's name) explained me adequately about the impact filming has on the procedure.

I understand and agree that the obtained material will be edited to make a video about the procedure, and it might include photographic material and/or slides with textual information, related to the procedure.

I understand and agree that copyrights of all video - and photo graphic material belongs to the medical doctor treating me.

I understand and agree that this video can be submitted on a website designated to share knowledge about surgical procedures for and by surgeons. I understand and comply with that apart from surgeons also laymen can view this video.

I now authorize the medical doctor to film, edit and submit a video about the procedure I am about to have.

Patient signature _____ (Parent/guardian if under age 18)

Date _____

Patient name in print _____

Patient date of birth _____

This form was downloaded from www.surgtec.com. SurgyTec bv does not accept any responsibility nor accountability as how the medical doctor informs any patient on filming any procedure. As soon as any person submits any video, the general terms and conditions apply as can be found on www.surgytec.com