

## CCTV, Photography and Recording Devices Policy

Inmind Reference:	OPS27
Category:	Operational Policy
Version Number:	V5.0
Reviewed on:	Jan 2019
Next review date:	Jan 2021
Lead Officer:	Operations Director
Equality Impact Assessment completed:	Yes

### Applicable Legislation/Regulations:

Data Protection Act 1998  
 The Human Rights Act 1998  
 The Regulation of Investigatory Powers Act 2000  
 Protection of Freedoms Act 2012  
 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

### Codes of Practice:

The CCTV Code of Practice produced by the Information Commissioner  
 The CCTV Code of Practice revised edition 2008  
 NHS Code of Practice: Record Keeping Retention Schedule 2009  
 Mental Health Act Commissioner's Guidance 'The Use of CCTV in NHS and Independent Mental Health Units'.  
 General Medical Council's Guidance on 'Making and Using Visual and Audio Recordings of Patients'.  
 Using surveillance: Information for providers of health and social care on using surveillance to monitor services December 2014 (updated with new regulations in June 2015)

### Purpose:

To ensure that CCTV within the services is used in line with legislation and good practice and that all stakeholders are aware of internal processes.

### Version Control Table

Date Ratified	Version Number	Status
Jan 2018	V4.0	Closed
Feb 2019	V5.0	Live

Date	Key Revision
Jan 2018	Insertion of DPA requirements
Jan 2018	Insertion of NHS PROTECT and covert surveillance process
Jan 2018	Added further clarity around CCTV access
Jan 2018	Addition of guidance from Using surveillance: Information for providers of health and social care on using surveillance to monitor services December 2014 (updated with new regulations in June 2015) - CQC
Feb 2019	Reviewed – No change



**Please check to ensure this is the most current electronic copy of this document as it is updated and published in electronic format only (hard copies may become out of date).**

## **Appendix 6**

### **Equality Impact Assessment for this policy**

<b>Protected Characteristic (domain)</b>	<b>Area of conflict</b>	<b>Resolution</b>
Age	Nil	N/A
Disability	Nil	N/A
Gender Reassignment	Nil	N/A
Pregnancy & Maternity	Nil	N/A
Race	Nil	N/A
Religion or Belief	Nil	N/A
Sex	Nil	N/A
Sexual Orientation	Nil	N/A
Marriage and Civil Partnership	Nil	N/A

All relevant persons are required to comply with this policy and must demonstrate sensitivity and competence in relation to diversity in race, faith, age, gender, disability and sexual orientation. If you feel you are disadvantaged by this policy, please contact the Registered Manager and the service will actively respond to the enquiry.

## 1.0 The Policy

### 1.1 Introduction, Scope and Definitions

Inmind will ensure full compliance with legislation and guidance around surveillance and the use of Closed Circuit Television (CCTV).

The Surveillance Camera Code of Practice was issued in accordance with section 30 of the Protection of Freedoms Act 2012. This Act was prompted by widespread concern about the level of surveillance camera use by public bodies and the appropriateness of such use.

This policy was developed to comply with the Surveillance Camera Code of Practice code of practice issued by the Secretary of State under Section 30 of the 2012 Act. It provides guidance on the appropriate and effective use of surveillance camera systems by relevant authorities such as Police and local authorities (as defined by section 33 of the 2012 Act) in England and Wales who must have regard to the code when exercising any functions to which the code relates.

The government / NHS Protect also recommends that all public bodies including health providers who operate and use surveillance camera systems should aim to voluntarily adopt the code and comply with its guidance as an example of good practice.

Compliance with the code does not replace or remove any statutory obligations on operators or users of such systems to comply with the provisions of the Data Protection Act 1998, the Human Rights Act 1998 and the Regulation of Investigatory Powers Act 2000 (RIPA). Regarding the Human Rights Act the code says:

***“A public authority will be bound by the Human Rights Act 1998 and will therefore be required to demonstrate a pressing need when undertaking surveillance as this may interfere with the qualified right to respect for private and family life provided under Article 8 of the European Charter of Human Rights. This is the case whether or not that public authority is a relevant authority.”***

Inmind prioritises the safety and security of all service users, staff and visitors and will always ensure to provide environments that are safe and secure. We will also work closely with partner organisations where the health, safety and welfare have shared ownership, to ensure co-operation at all levels.

To assist in the provision of safe and secure environments the use of surveillance systems such as Closed Circuit Television systems (CCTV) are used across its services. It is therefore essential that any system installed and operated within Inmind premises complies with all legal and regulatory requirements and that this is clearly set out within a policy framework.

CCTV systems are used within the Inmind for the following purposes only:

- To maintain security of individuals and property in a vulnerable area;
- To protect and maintain the wellbeing of patients, staff and visitors and to keep patients clinically safe and secure;
- To prevent and detect crime and to facilitate the apprehension and prosecution of offenders and apprehension of suspected offenders;
- To support reflective practice and the learning from incidents.

All CCTV use will be overt unless a specified operation for a specific purpose is being undertaken in circumstances necessary for the prevention and detection of crime, the apprehension or prosecution of offenders or the assessment or collection of any tax or duty, in which case authorisation under the Regulation of Investigatory Powers Act (RIPA) 2000 will be required for covert surveillance.

This policy applies to any systems that are owned or operated by Inmind and should be followed by Inmind staff and those who have responsibility for the day to day management of CCTV systems and when handling queries in relation to images. The use of dummy cameras to give the illusion of a CCTV system and to act as a deterrent to crime are excluded from the ICO Code of Practice; however, to ensure any such devices are installed appropriately they are included in this policy.

Systems that are neither owned nor operated by Inmind are excluded from this policy. Staff working in such premises should refer to the premises owner or site manager for guidance. The use of dummy cameras to give the illusion of a CCTV system and to act as a deterrent of crime, are excluded from the ICO Code of Practice.

**Covert/directed surveillance** - is defined as any surveillance which is carried out in a manner calculated to ensure that the person's subject to the surveillance are unaware that it is or may be taking place.

**Passive/un-directed surveillance** – is not targeted on any particular individual but gathers images and information for possible future use

Inmind staff must ensure that the following statement is fully complied with:

***“In any situation, the Data Protection Act 1998 (DPA) requires that surveillance must only be used in the pursuit of one or more legitimate (reasonable, lawful and appropriate) purposes, and must be necessary, proportionate and fair, to meet an identified and pressing need. Providers must be able to identify the purpose(s) for their use of surveillance – what you want to achieve by using it.”***

**NECESSARY – PROPORTIONATE – FAIR**

## 1.2 Duties and Responsibilities

**Inmind Board** have corporate responsibility for the implementation of this policy, monitoring its effectiveness and ensuring the INMIND CCTV Policy is available on the company intranet.

**The SIRO** is responsible for providing advice to registered managers and the system managers/operators on the disclosure of material in response to subject access requests. The SIRO is also responsible for ensuring that the CCTV systems are registered with the Information Commissioner's Office for the uses that they are employed.

**The SIRO** is responsible for providing advice on the provision of access and material to law enforcement agencies including the police, as well as advising on the provisions of the CCTV Codes of Practice and the provision of new or additional CCTV equipment. The SIRO will collate the annual audit responses.

**Caldicott Guardian** has a strategic role for the management of service user identifiable information. The Guardian's key responsibilities are to ensure that all health information is managed in accordance with local and national directives.

**Unit Managers** are responsible for ensuring that a member of staff is responsible for the day to day running of the system. They have a responsibility to comply with the provisions of the Data Protection Act 1998, CCTV Code of Practice 2000 and Security Industry Authority licensing requirements and must ensure that suitably trained members are nominated and responsible for the day to day administration and operation of the system and that any identified problems are notified to the IT Manager for remedial action as soon as is reasonably possible and to the Estates Team for information.

**The Authorised Person(s)** is responsible for operating CCTV Equipment on behalf of INMIND. The Authorised Person must be properly trained and where relevant licensed to operate the equipment.

**The IT Manager and Estates Manager**, or their teams will provide appropriate support to facilitate the successful implementation of systems and the maintenance and suitability of existing systems.

Inmind Health Care is registered with the **Information Commissioner's Office** as an organisation, as such there is no requirement for units to register individually with the Information Commissioner.

**All staff** should be aware of how to handle subject access requests or to whom such requests should be referred.

## **2.0 The Procedure – Closed Circuit Television (CCTV)**

### **2.1 Closed Circuit Television (CCTV)**

Inmind places the health, safety and welfare of its service users, staff and visitors high amongst its priorities and will ensure that it maintains safe and secure conditions throughout the organisation.

Closed circuit television (CCTV) is used in a number of psychiatric in-patient units and can be used to monitor a wide variety of locations to aid the delivery of high quality care. It has the potential for broad use within Inmind and requires a robust procedure defining its operational requirements to ensure that any such system is efficient, effective and legal.

This guidance is a pragmatic response to the fact that where CCTV is in use, those with a duty to review inspect or monitor the provision of CCTV within Inmind units need some framework against which to assess it.

### **2.2 The Use of CCTV**

There are a number of statutes, regulations and guidance including:

- The Human Rights Act 1998.
- The Data Protection Act 1998.
- The Regulation of Investigatory Powers Act 2000.
- The Mental Health Act 1983 'amended 2007'.
- The Mental Health Act 1983 "Code of Practice".
- Surveillance Camera code of practice 2013.

All staff involved in the operation or monitoring of CCTV images have a responsibility to comply with the provisions of the Data Protection Act 1998 and CCTV Code of Practice 2013. Failure to do so may result in a contravention under the Act.

- Any change to which the purpose of the installation and operation will require consultation with the appointed Caldicott Guardian.
- Data must be processed in accordance with the individual's rights. That is the right to be notified that CCTV is in use and relevant information about its usage.
- It must be fairly and lawfully processed including the way it is obtained, recorded and stored.
- Only for specific and limited purposes.
- Adequate, relevant and not excessive.
- Accurate.
- Not be kept longer that is necessary and be kept up to date.
- Unit Managers operating such schemes within premises they manage will be responsible for overseeing the monitoring of all images. Ensuring any recording of images is done so in accordance with this policy and that suitable operation,

back up, retention, destruction and maintenance of all storage media is conducted in accordance with the written operational procedures.

- Cameras will not be hidden from view and appropriate steps must be taken, e.g. by signage and displaying posters, to inform the public of the presence of the system and its ownership at all times.
- Use of Covert CCTV (Directed) surveillance if required will be requested through the Police. If the request through the police is refused, then authority can only be given by the NHS Security Management Service (NHS PRTOTECT). Any such request will be made through the SIRO. This is covered by the Regulation of Investigatory Powers Act 2000 (RIPA).

### 2.3 **Obligations of Independent Healthcare Providers**

The CCTV code of practice provides that the registered person shall make suitable arrangements to ensure that use is conducted in such a way that respects privacy and dignity of service users.

Both core and specific standards applicable to mental health establishments confirm the right to privacy, to provide facilities for confidential discussions and to ensure records are kept under the Data Protection Act 1998.

### 2.4 **Interaction with service users**

The Nursing and Midwifery Council states: “Nursing observation can be defined as regarding the service user attentively while minimising the extent to which they feel that they are under surveillance. Encouraging communication, listening, and conveying to the service user that they are valued and cared for, are important components of skilled nursing observations.

Some practitioners have argued that CCTV offers a potential medium for staff to enhance levels of care and security by providing a non-intrusive means of observation. CCTV is not a general substitute for the use of skilled staff as a method of observing service user behaviours. Nor is it the answer to all security concerns.

CCTV does not replace eyes and ears from staff in clinical areas and is not to be used for 1-1 observations.

### 2.5 **Notification**

The Clinical Manager must ensure the day-to-day compliance with requirements:

- A sign is displayed at the entrance to buildings.
- The identity of the responsible person is displayed.
- The purpose for its use.
- Details of who to contact regarding the system.

## 2.6 Viewing of Material

Viewing of recorded images must take place in a restricted area designated office. Access to the recordings is limited to a manager or designated authorised staff.

## 2.7 Recording of Images

Disks/memory sticks on which images are recorded, for viewing purposes, should be documented as follows:

- The date and time of removal;
- The name of the person removing the images;
- The name of persons viewing the images;
- The reason for viewing;
- The outcome, if any, of the viewing;
- The date and time the images were returned to the system or secure place, if they have been retained for evidential purposes;
- Date of destruction.

## 3 Operational Procedures for the Control and Use of CCTV

### 3.1 Cameras

- Cameras must only be operated and positioned so that they will only capture the images relevant to the purpose for which the particular scheme has been established and approved.
- Cameras and recording equipment should be regularly maintained in accordance with manufactures guidance to ensure that clear images are captured.

### 3.2 Operators

- All operators of CCTV equipment should be trained in their responsibilities in accordance with Inmind policy and procedure.
- All staff involved in the handling of the CCTV equipment, both directly employed and contracted, will be made aware of the sensitivity of handling CCTV images and recordings.

### 3.4 Training

- All staff are provided with training on Information Governance regarding confidentiality and personal information.
- The Systems Administrator should complete the induction, managing a CCTV System to ensure they are competent over the management and operation of the system to avoid DPA breaches and to adhere to the Information Commissioner's Code of Practice.

### 3.5 Maintenance

- A comprehensive maintenance log will be kept which records all adjustments/alterations and servicing.
- If the system records location/time/date these will be periodically checked at a frequency to be agreed locally, for some units this will be at least monthly to ensure accuracy and adjusted accordingly. The frequency of checks will be influenced by how frequently systems are set to record before being erased.
- There will be adequate provision made for suitable CD or hard drive storage, that appropriately protects the recordings against damage from fire, theft, tampering.
- Where CDs are used they should be marked as follows:
  - Monday week 1; Tuesday week 1; Wednesday week 1, and so on.
- A separate log must be kept and retained to record when (date and time) and who changed the back-up tape/CD.
- CDs must not be retained for any longer than 31 days (unless there is specific agreement that requires records to be retained and a full risk assessment is in place) from the date of recording, erased then reused on no more than twelve consecutive occasions, once a CD has reached its maximum use, its contents must be erased prior to disposal.
- A review must be undertaken at least annually by unit management to assess against the stated purpose of the identified scheme.

Regulation 17(2)(d)(ii) – Systems and processes must be established and operated to [...] enable the registered person to [...] maintain securely such other records as are necessary to be kept in relation to the management of the regulated activity.

### 3.6 The use of CCTV to monitor and facilitate continuous reduction in the use of restrictive practice

Inmind takes very seriously its commitment to operate within the legal framework as defined in H.M. Governments white paper (2013) “The use of CCTV in NHS and Independent Mental Health units”. In addition, 2014 saw the introduction of the DoH “Positive and Proactive Care: reducing the need for restrictive interventions”

In response to this paper a significant amount of work has been completed in order that we are able to monitor and further strengthen our commitment to the reduction of restrictive interventions, while at the same time continuously monitoring and reducing exposure to risk. Hospital Directors will ensure that there are robust arrangements in place in order that a minimum of 1 hour of CCTV footage will be audited against observation records, in order to assure the following:

- Monitor and reduce risk.
- Ensure adherence to policy.
- Review staff interactions with the service user.

### 3.7 The Use of CCTV to Aid Training

In order that Inmind continuously learns from positive as well as negative scenarios, unit managers are encouraged to ensure that there are mechanisms in place that use elements of CCTV footage to aid aspects training. Example: Using CCTV images to review a difficult restraint, evidencing positive/negative de-escalation techniques or evidencing positive/negative service staff interactions.

It is important that any use of CCTV images to aid training is conducted within the framework of this policy; if units are in any doubt then advice should be sought from the Corporate Caldicott Guardian.

### 3.8 Access to and Disclosure of Images to Third Parties

- All requests for access to Inmind's CCTV system must be processed through the nominated Caldicott Guardian.
- Access to recorded images should be restricted to those staff that need to have access in order to achieve the purpose of using the equipment.
- All access to the medium on which the images are recorded should be documented through the Unit Manager.
- Disclosure of the recorded images to third parties should only be made in limited and prescribed circumstances and always in collaboration with the nominated Caldicott Guardian.
- All requests for access or disclosure of recorded images should be recorded. If access or disclosure is denied the reason should be clearly documented.
- If access to, or disclosure of, the images is allowed then the following should be documented:
  - (a) Date and time at which access or disclosure was made;
  - (b) The identification of any third party who has been granted access or to whom disclosure has been made;
  - (c) The reason for allowing access or disclosure;
  - (d) The extent of the information that has been accessed or disclosed. An annual maintenance contract should be in place and damage reported immediately to the maintenance department.

## 4 Photography

### 4.1 Buildings and Locations

Photographs taken within Inmind's grounds must be strictly controlled:

- To protect unit security and service user confidentiality.
- Photography means the recording of any pictorial images by any means including but not limited to photographic film, digital imaging and videotape.
- Any person authorised to carry out photography must not breach unit security or service user confidentiality as a result of their actions.

- The unit will retain the copyright of all photographs taken within the grounds and none will be published without written permission of the Unit Manager.
- Anyone who appears in photographs commissioned by the Inmind Group should provide their express (written) consent.

#### 4.2 **Photography of Service Users**

- Both formal and informal service users admitted to Inmind units will be encouraged to have their photographs taken for identification purposes. In the event that a service user refuses to have their photograph taken, this must be clearly documented in the clinical notes.
- Best practice dictates that service users may be photographed on the day of admission and at intervals thereafter, following significant changes to their appearance.
- Named nurses will work collaboratively with service users to ensure that they fully understand the requirement for photographs to be taken and updated.
- Any service user who changes their name must be re-photographed.
- If a service user has a prearranged appointment to significantly alter their appearance (hairdresser etc.) then the re-photographing is to be arranged to immediately follow that change of appearance.
- A photograph will be held in the service user's notes and a copy may be attached to the prescription chart, for use in confirming identity before administration of medication.
- All photographs must be offered to the service user or destroyed when the service user is discharged from the unit.

If a service user absconds, such photographs may (if requested) be given to the police or other search parties, but to no other third party including news media without an order signed by a Court.

#### 4.3 **Photography of Staff**

Inmind does not use images of service users in marketing material. Where promotional photography is undertaken, staff may wish to participate in such photography and, in all cases, individuals must complete a Model Release Form Appendix 5.

#### 4.4 **Leave of Absence**

If the service user's appearance does not, at the time of leave, sufficiently reflect the current photograph then the nurse in charge retains the right to request an updated photograph be taken prior to any period of leave being taken. If, for any reason, the service user denies the request for a further photograph then this must be clearly documented within the continuous record.

#### 4.5 **Emergency Leave**

In an emergency, for example treatment at an outside unit, where the service user does not look sufficiently like the current security photograph, prior to the service user

leaving, the nurse in charge must assess the requirement, for an up to date photograph to be placed in the service user's security file. The ward must be notified that a new photograph must be taken at the earliest opportunity.

#### 4.6 **Forensic Photography**

Forensic photography is the photographing of persons or scenes of incidents that may be required for evidential purposes. Where Police are attending an incident, their advice should be sought before unit staff commence photography. Where Police are not involved, an authorised staff member will take the photographs. Photographs of injuries to service users will be retained in the service user's clinical notes. If a member of staff takes photographs of a service user on behalf of the Police, written authorisation for disclosure will be required from the service user, service user's RC and the unit Caldicott Guardian.

#### 4.7 **Documentary Photography**

- This should not involve service users but, exceptionally, if a service user has volunteered to participate, then written informed consent and the consent of the clinical team are required.
- The person requesting the photograph is responsible for obtaining the necessary approvals.
- It must be clear to the service user what the content of the photograph will include i.e. full facial, back of head, side view, full body etc.
- The RC will countersign the consent form indicating the clinical team's approval. This will address two issues:
  - (a) To agree that the service user has capacity to understand that such material will be in the public domain.
  - (b) That such material is not thought likely to cause unnecessary distress to any specific individual in the general public.

#### 4.8 **Buildings and Locations**

Photography required by contractors will be carried out by a member of Inmind staff where possible and reviewed to ensure that service users are not identifiable.

#### 4.9 **Social Photography**

Social photography refers to material taken within the unit grounds, on social occasions, and which may be displayed within the unit buildings or is for the service user's personal use.

- An authorised member of staff, who is responsible for ensuring that recordings and photographs are stored securely, and the content is appropriate, will take the photographs.

- Copies of photographs will not be issued to service users without the approval of the service user's clinical team.
- Unit staff are only permitted to take photographs of a service user on leave of absence from the unit, if prior written consent has been obtained.
- If a service user is photographed during a planned event on Inmind premises, prior to the image being used (posted on My Inmind) consent must be sought from the service user.
- As far as possible, staff must also prevent any other person taking a photograph of a service user.

#### 4.10 **Disclosure of Photographs**

A request for disclosure of any unit photograph received from any individual or organisation (e.g. request from the Police for a service user's photograph) must, in the first instance, be referred to the Unit Manager who will obtain the necessary authority to disclose the photograph. This will be from the organisation Caldicott Guardian.

#### 4.11 **Storage of Photographs and Equipment**

All equipment, analogue or digital, photographs and images, must be securely stored and access only given to authorised persons. Digital images should be transferred to removable storage media and securely stored.

Where it is essential for digital images to be permanently available on a computer retrieval system, access to the images must be restricted to authorised persons only.

**Appendix 1**

**Consent Form for Photography**

I (serviceusername): \_\_\_\_\_ am currently an in-patient at

InmindUnit: \_\_\_\_\_ and

**DO / DO NOT** (please delete as applicable) consent to having my photograph taken and retained on my clinical file for the purposes which have been explained to me.

**If a service user refuses, ensure the reasons why are documented in the clinical notes.**

- I am aware that I can withdraw my consent at any time and the photograph will be returned to me immediately.
- I have been informed that the photograph will be returned to me when I am discharged from the unit.

Service username: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I (service user name): \_\_\_\_\_ hereby **WITHDRAW / DO NOT GIVE** (please delete as applicable) my permission for my photograph to be kept in my clinical file. I confirm that the photograph in question (if taken) has been returned to me.

Service username: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Photograph returned to service user:

Staff name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Time: \_\_\_\_\_

**Appendix 2**

**Installation Checklist**

	<b>SIGNATURE</b>	<b>DATE</b>
<b>The person with designated responsibility has approved the installation/alteration of the camera system</b>		
<b>The purpose of the installation has been clearly documented</b>		
<b>Equipment is situated so it can only monitor the intended area of coverage as defined in the proposal</b>		
<b>The cameras are not positioned anywhere that may be deemed to be private i.e. WC, showers etc.</b>		
<b>Signs are in place showing that CCTV systems are in operation</b>		
<b>Cameras have been positioned as to not capture images of persons NOT visiting Inmind premises</b>		
<b>The recorded images are stored securely with controlled access procedures in place</b>		
<b>The recorded images are stored for no longer than 31 days</b>		
<b>A maintenance process is in place to ensure usability</b>		
<b>Images will only be made available to third parties following discussion with the nominated Caldicott guardian</b>		
<b>A process is in place to deal with requests for access or disclosure</b>		
<b>A robust disposal procedure is in place</b>		

**Appendix 3**

**Siting of Cameras**

NUMBER	CAMERA LOCATION	AREA COVERED BY CAMERA
1		
2		
3		
4		
5		
6		
7		
8		
9		

**Appendix 4**

**CCTV Notice**

**Security Notice**

**CCTV CAMERAS ARE IN OPERATION ON  
INMIND PREMISES**

The CCTV system and the images produced by it are controlled by the Unit Manager.

She/he is responsible for how the system is used and for notifying the Information Commissioner about the CCTV system and its purpose.

CCTV is in operation to aid the prevention of crime and enhance the safety of service users, staff and visitors.

**Appendix 5**

**Model Release Form**

Name of model: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Thank you for allowing us to use the photographs of the above named models. In order to enable Inmind Health Care to utilise the photographs we must gain your consent. Please read the consent form below carefully.

I, \_\_\_\_\_ (please insert your name) hereby assign to Inmind Health Care the full copyright of these photographs together with the right of reproduction either wholly or in part.

I agree that Inmind Health Care or licensees can use the above mentioned photographs either separately or together, either wholly or in part, in any way and in any medium.

Inmind Health Care or licensees may have unrestricted use of these for whatever purpose, including advertising, with any reasonable retouching or alteration.

I agree that the above mentioned photographs and any reproductions shall be deemed to represent an imaginary person, and further agree that Inmind Health Care or any person authorized by or acting on the company's behalf may use the above mentioned photographs or any reproductions of them for any advertising purposes or for the purposes of illustrating any wording, and agree that no such wording shall be considered to be attributed to me personally unless my name is used.

Provided my name is not mentioned in connection with any other statement or wording which may be attributed to me personally, I undertake not to prosecute or to institute proceedings, claims or demands against Inmind Health Care or the company's agents in respect of any usage of the above mentioned photographs.

I have read this model release form carefully and fully understand its meanings and implications. I understand that the above will still apply should I leave the employment of Inmind Health Care.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_

Name in block Capitals: \_\_\_\_\_