**Consent form 2 – service users who are unable to give consent**

Programme/Article Company

Journalist’s name Date Purpose of filming/photography/interview (e.g. documentary, news broadcast):

To be completed by a member of NHS staff:

Assessment of patient’s capacity

I, , confirm that the patient lacks capacity to give or withhold consent to filming because:

• the patient is unable to understand and retain information necessary to make this decision; and/ or

• the patient is unable to use and weigh this information in the decision- making process; or

• the patient is unconscious.

Name:………………………………………………………… Signature:………………………………………………………Date:…………………………………………………………….

How did you reach this conclusion? (Use the reverse side of this form to give examples of attempts made to assist the patient to make his or her own decisions, why these were not successful, and who you consulted).

Please send a completed copy to the Communications Department, Trust HQ, Willerby Hill