

## Network Patient Participation Group (NPPG) Members' Contact Details and Consent Form

In order to comply with Information Governance requirements we would recommend that PPG members sign a consent form to indicate that they are happy to share their email and telephone contact details and also be photographed at events. This will help NPPG members communicate directly with each other, share ideas and make plans in the course of organizing activities. They can also consent to be photographed and allow their images to be used for publicity material e.g. flyers / website.

Please delete any sections you do not agree with.

**I am a member of the Network PPG.  
I have reviewed the information about the Network PPG and agree to give consent for my email address and contact number to be stored in a central database and shared with other Network PPG members, the NPPG chair / lead and ECCG Patient and Public Engagement Lead.**

Name of PPG member: I am a patient / member of staff (please circle)	Signature:  Date:
Email address:	
Contact number:	

Sometimes we may take pictures or film parts of the PPG meetings or events involving PPG members. We would like to be able to use the pictures and films for publicity and information for patients

### How might we use the photograph or film?

- In printed or online materials promoting the PPG
- In printed or online materials
- On the extranet or the GP website or other social forums
- In the media – newspapers, magazines, websites, broadcast outlets

Name of PPG member: I am a patient / member of staff (please circle)	
Signature	
I give my permission for the NPPG coordinator to record, film or photograph me. I understand that my image maybe used in the public media, e.g. posters, leaflets, PPG and/or GP Practice website, the CCG website, 'PowerPoint' presentations or other general publicity. I understand that the PPG Coordinator will contact me for my permission if they are going to use the material for a purpose other than that described above.	
Signature of patient PPG Member	
Date:	

**Please Note:**

Network PPG members are reminded that all information (in whatever form) held by the NPPGs, Practice PPGs and Practices about patients or staff is confidential and may not be shared without appropriate consent. All members are required to comply with Information Governance and data Protection laws at all times.

The information you provide will not be linked to your medical records and will be used lawfully, in accordance with the Data Protection Act 1998. This Act gives you the right to know what information is held about you, and sets out rules to ensure the information is handled properly.

**Please return this completed form to: your GP Practice Manager**