Consent for Patients, Families, or Caregivers

Consent to use photographs for APCC Communications

I, _____ (full name),
give permission for the photograph(s) taken on _____ (date)
by _____ (member organisation)
to be shared with the Association of Palliative Care Centres (APCC) for use in:

- Social media
- Website content
- Advocacy and awareness campaigns
- Media outreach
- Annual reports
- Training and educational materials

I understand that:

- The photograph will be used respectfully and in a way that protects my dignity.
- My name will **not** be used unless I give additional written permission.
- The photograph may be used by APCC for national awareness and advocacy.

Signature: _____
Date: _____
Contact (optional): _____