

## CONSENT MODEL REGARDING PARTICIPATION OF ACTORS AND IMAGE RIGHTS in SIMULATIONS

I, ..... with Id ..... participate in the Clinical Simulation activity at (simulaton organizer).

In this activity, simulations of manipulations, interventions, and the use of healthcare products may be performed. These will be explicitly explained beforehand, and images will be recorded and viewed during the session or course by the teaching staff and students for educational purposes, while respecting the right to privacy and confidentiality of everything seen and experienced during its execution (Organic Law 1/82, of May 5, on Civil Protection of the right to honor, personal and family privacy, and one's own image).

The custody of the images will be carried out by the responsible teaching staff of the activity, in specific folders of the Drive as a secure repository, and they will be deleted once the training has been approved, with the responsible teaching staff, (Name of the responsible person), (responsible's filiation), being in charge of their safekeeping.

The General Data Protection Regulation (GDPR) of the European Union 2016/679 and Organic Law 3/2018, of December 5, on the protection of personal data and guarantee of digital rights (LOPD-GDD), allows at any time access, rectification, erasure, objection, restriction, portability, and forgetting, upon request of the consenting person, especially the revocation of this consent and the immediate deletion of the recorded and stored images by sending an email to the responsible person mentioned above.

The undersigned hereby CONSENT to participate in the simulation activity in zone 2 and AUTHORIZE the recording, use, and custody of the images under the terms established above.

(Place), .....

Signed:

CONSENT  
SIMULATION PARTICIPANT RESPONSIBLE TEACHING STAFF

(Place), .....

Signed:

REVOCATION  
SIMULATION PARTICIPANT.



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