## YOUR STORY - Consent Form



PLEASE READ THIS THROUGH AND SIGN WHERE INDICATED.

#### > WHO WE ARE

Médecins Sans Frontières (MSF) is an international, independent medical humanitarian organisation. We provide medical assistance to people affected by conflict, epidemics, disasters or exclusion from healthcare. Our actions are guided by medical ethics and the principles of impartiality, independence and neutrality.

#### ≫ WHY

We use pictures and stories to tell people what U life is like and what we do in the places where we work. This can inspire them to support us by raising money, or campaigning with us to help our patients and the communities we work with.

## **≫ WHAT**

We would like to record your story through words, photo, film or sound. We will not pay you for this and you will not own the content gathered.

Your story may contain or reference information about you that is sensitive or private but you can always tell us if there is information you don't want to share, such as your real name, age or location.

#### **≫** WHERE

Your story could be shared in many countries, including your own. We might tell your story in a different language. We may use your picture, film or story on the internet, television, in newspapers, in our fundraising material and in publications all over the world.

### ≫ HOW

To help the people we assist and provide care to, we work with governments, the media, nongovernmental organisations, and members of the general public around the world.

We may share your story for use by other organisations who work with us, other MSF offices, other NGOs, partners and individual supporters.

They may use your story to publicise our work, their work with us, or the issues on which we work. They may publish them in their own communications or publications.

#### > WHEN

If you have been photographed, the photographer and MSF may use the photograph for a period of five years all over the world, including on the internet, television or in newspapers. If the photographer wants to use your photograph for any other purpose, they must ask MSF for permission. MSF will always take your best interests into consideration and will not authorise the use of your photo for commercial purposes.

We (MSF) will rarely use your story after five years but we would like to keep your information on file, with restricted access for use in exceptional situations (for example, anniversaries, or retrospectives), in which we may revisit your story. If you are happy for us to use your story after five years, please choose this option by ticking the box below.



### > IF YOU CHANGE YOUR MIND

We understand that you might change your mind in the future. You can contact us at any time if you do not want us to tell your story or have any questions or complaints about how your story is being used.

- Contact dataprotection.IO@geneva.msf.org
- Contact your local MSF office

If you let us know you have changed your mind, we will not use your story in future communications and delete it from our media library. We may not be able to withdraw images already published. You have the right to request access to and update your story.

Thank you for agreeing for your (and / or your child's) story and photograph to be recorded for **Médecins Sans Frontières**.

## EXAMPLES OF HOW AN IMAGE MAY BE USED





#### ≫ FAQ

# What do we mean by information that is sensitive or private?

If your story shows or discusses anything about your: political opinions, ethnic origin, religious beliefs, trade union membership, health/medical condition, sexual life or orientation, or criminal background or allegations of a criminal nature.

There are other types of information that you might consider sensitive or private, such as personal or traumatic experiences you've had or information about your family members.

# Can you tell me more about who you may share my story with?

We may share your story with:

- NGOs and other organisations that work with us to run our programmes
- Donors who support our work by providing funding. This can include institutions, companies and groups of individual supporters.
- Media organisations that report on our work or the issues on which we work. This can include newspapers, magazines, TV and radio broadcasters.
- Photographers, filmmakers and the companies who represent them

Full name of contributor (adult/parental authority)

Full name of contributor (child or children)

Telephone / email / address
Your story and photograph (and / or your child's) was recorded by:
If you have any questions or want to change your mind please contact your local MSF office:
or email: dataprotection.IO@geneva.msf.org  For more about how we collect, use and look after your details, please read our full privacy policy at https://www.msf.org/privacy-policy

Date

Content gatherer name

## How do we keep it private?

The information that we collect from you will be stored safely in a digital database managed by MSF (International Office). We record your information accurately and will keep your information secure.

## When would we use your story after five years?

- To talk about MSF's history
- To contact you to find out how your life has changed since we first met you, to help explain the long-term impact of our work.

If working with a translator, the translator must explain this form to each individual signing and must ensure it is understood.

## Translator to complete:

<b>Explained in</b> (lang	luagej:
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Date

Date

by (translator's name):

Age

Age(s)

I give my consent for MSF to use my story and I understand my story may contain sensitive or private information.

information.	
Adult signature	

Child signature(s) (optional)	Dat

I am a parent or gu	ardian, and	I freely g	ive consent	for
my child/child unde	r my authoi	ritv		

I am nappy for my details, and / or my child's details
to be stored beyond 5 years

MSF content gatherer (staff or contractor)
All content gatherers must read <u>MSF Audio-Visual Guidelines</u> before obtaining consent

	ı	Confirm	I	have	read,	understood	and	will	follow	these
guidelines										

☐ Story repeated back to interviewee and consent reconfirmed after interview (optional)

Please leave one of the **Consent Receipt** card with every contributor who signs this form.

Location details Project reference