

University of Utah Hospitals and Clinics
CONSENT FOR PHOTOGRAPHY AND AUDIOVISUAL RECORDINGS

NAME: _____

DATE OF BIRTH: _____

MRN: _____

I, the undersigned _____, a patient in the University of Utah Hospital, an institution operated by the Board of Trustees of the University of Utah, hereby voluntarily and knowingly agree and do give me express consent to:

1. Authorize the professional staff and such assistants, photographers and technicians to take still photographs, produce educational (closed circuit) television programs, including video tapes, as well as other de-identified visual and/or auditory recordings.
2. Permit such de-identified photographs, video tapes and/or auditory recording to be published and republished in professional journals and medical books; to be used for any other purpose which the staff member may deem fit in the interest of medical education or research; and to be used at professional meetings of any kind.
3. Further authorize such de-identified photographs, videotapes and/or auditory recordings to be used in marketing or advertising materials.
4. Further permit the modification or retouching of such de-identified photographs and the publication of information relating to my case, either separately or in connection with the publication of the photographs taken of me.
5. Although I have given permission to the publication of all details and photographs concerning my case, it is specifically understood that I will not be identified by name.

SIGNATURE: _____ DATE: _____
Patient or Legal Guardian

SIGNATURE: _____
UUHC Employee Witness

