

Consent for Videotaping, Photography and Audio Visual Recordings For Teaching or Research Purposes

Addressograph

- I, _____ consent and agree that University Health Network and its employees and authorized agents may take, display, publish, broadcast, and otherwise disclose image(s) that may be used for external teaching or research purposes including:
 - ☐ Photography (digitally or on film);
 - ☐ Videotape
 - ☐ Audiotape (voice recorded);
 - ☐ Other (please specify): _____
- I consent and agree that the image(s) taken may be used for teaching or research purposes including:
 - ☐ Publication in scientific or medical journals
 - ☐ Publication on scientific or medical web sites (the internet)
 - ☐ Other (please specify): _____

It is further understood that University Health Network shall not collect, use or disclose more personal health information than is reasonably necessary.

- I acknowledge that I may refuse to permit collection and/or use of any image containing my personal health information for teaching or research purposes, and that withholding my consent will not affect my medical care at the University Health Network in any way.**

Release

I hereby waive any claim for payment arising from any use made of my image, recording or information.

I hereby waive all claims against the University Health Network in connection with any use or disclosure made of my image, recording or other personal health information where I have consented to such use and disclosure.

Date

Name (please print)

Signature