

## **Use of Photographs for Medical Education, Science or Research**

### **Explanation**

This consent form authorizes Southwest Women's Care and its staff to use these photographs for medical education teaching or research. Under no such circumstances will any publications or material bear your name. Your refusal to consent to the use of these photographs for medical education teaching or research will in no way influence your treatment.

### **Consent**

I understand the photographs taken of me shall be used for medical records and if in the judgement of the medical health care professional, medical research, education or science will be benefited by their use, such photographs and information relating to my case may be published and republished, either separately or in conjunction with each other. In professional journals or medical books, or used for any other purpose which my health care professional may deem proper in the interest of medical education, knowledge or research.

I waive the rights that I may have to any claims for payment or royalties in connection with any exhibition, televising or publication of these photographs.

I release and hold harmless the clinic, staff and consultants from any liability in connection with the use of such materials.

I understand that the foregoing consent is subject to the following limitation: Under no circumstances will any such publication, film photograph, videotape or materials exhibited contain my name unless voluntarily disclosed by me.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Print Name

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Print Name