

ST. VINCENT'S MEDICAL CENTER
Bridgeport, CT 06606

**CONSENT FOR PATIENT PHOTOGRAPHY
AND/OR RECORDING**

I hereby authorize St. Vincent's Medical Center, or anyone authorized by the Medical Center, to take

(check as many as apply)

Photographs Video recordings Audio recording

of my person for use in the following: (initial authorized uses only)

_____ My medical records _____ Medical education
_____ Medical and/or scientific
research & publication _____ Public relations/marketing
_____ Other as specified _____

I understand that use of the photographs and/or recordings for research, education and public relations may involve their publication in professional journals, medical books, audio-visual materials, or public relations, promotional or marketing materials. By initialing the boxes authorizing use for medical and/or scientific research, medical education and public relations purposes, I hereby consent to and authorize such publication by the Medical Center or anyone authorized by the Medical Center.

_____ I further AUTHORIZE the Medical Center to use my name in connection with any publication of the photographs/recordings.

_____ I DO NOT AUTHORIZE the Medical Center to use my name in connection with any publication of the photographs/recordings.

I have not been promised, nor do I expect, any compensation for granting this consent. I hereby release, indemnify and hold harmless the Medical Center, its affiliated entities and their respective officers, employees and agents from any liability or other obligations arising from the taking or use of the photograph(s) and/or recording(s), including, without limitation, liability for any blurring, distortion, alteration, optical illusion, or use in composite or any other form, whether intentional or otherwise.

Photocopies of this signed Consent shall be as valid as the original.

Print Patient Name

Medical Record Number

Signature of Authorized Representative/ Date

Relationship to Patient

Signature of Patient/ Date

Signature of Witness

Reason for signature other than patient _____