

AUTHORIZATION AND CONSENT FOR AUDIO-VISUAL RECORDING

The term **audio-visual recording** used in this agreement means photograph, motion picture, or any other format (including film/negative, analog, digital, tape, video, and any other means of recording and reproducing voice/images.)

Your signature below indicates that you give permission to Rancho Los Amigos National Rehabilitation Center, staff, representative(s), or other authorized persons to take photos, video, other recordings of (patient name): _____.

Your signature indicates that the audio-visual recordings may be used for purposes including, but not limited to: education, treatment, research, public relations, and charitable purposes. You may indicate purposes which you do not wish the photos or videos to be used: _____.

Your signature indicates that you wish to assist in research, treatment, educational, public relations, and/or charitable goals. You will give up any right to be compensated unless funds or services are provided as an approved part of the activity (for example, you will not be paid or receive any special services unless a research project specifically offers services/stipend). You, your family, or significant others shall hold harmless the hospital, employees, physician, and any other person participating in your care or involved with this activity against any claim for injury or compensation resulting from the activities authorized by this agreement.

PURPOSE:

- Education
- Research
- Marketing
- Treatment
- Other: (specify)

TYPE OF MEDIA:

- Photograph (film, digital, etc)
- Video-recording
- Audio-recording
- Other: (specify)

DISPOSITION:

- Given to patient/representative
- Used by Rancho Staff: (specify dept)
- Given to Media (external to Rancho) specify
- Archived, if appropriate: (specify location)
- Other: (specify)

Date: _____

Witness: _____

Signature: _____

(patient/family member/conservator/guardian)

Relationship

PATIENT INFORMATION	
MRUN	
NAME	
DOB/GENDER	

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