



Patient/Staff/Volunteer/Student/Parent/Guardian Consent Form

Consent To: _____ Audio Recordings
(Please check as many as apply) _____ Motion Pictures
_____ Photographs
_____ Electronic Images / Social Media Posts
_____ Live Broadcast
_____ Interview/Print

Patient: _____ **Date:** _____

Summary: This form says that you, the patient, give your permission to be interviewed, photographed, filmed or taped for medical education and/or promoting the activities of Lemak Sports Medicine, and that you give the permission for free.

In the interest of promoting Lemak Sports Medicine and/or informing the public concerning activities at the clinic or for medical, educational or scientific purposes, I consent to audio recordings, the taking of motion pictures, videotape recording, or photographs, as indicated above, of the treatment or operation which is scheduled to be performed on me or in connection with medical services I am receiving from the professional who is responsible for my care, on or about _____, 20____. I authorize this under the following conditions:

- (1) Such recordings, motion pictures, live broadcast, electronic images, text interviews or photographs may be taken only with the consent of the professional responsible for my care.
- (2) Only an individual approved by the Marketing & Business Development department shall produce the photographs, motion pictures or recordings.
- (3) The photographs, electronic images, motion pictures, interview/text or recordings shall be used for publicity, education or science; such photographs and information relating to my case may be published and republished, exhibited either separately or in connection with each other, in a professional journals or medical book, or used for any other purpose deemed proper in the interest of medical education, knowledge, research or to promote activities at Lemak Sports Medicine in the news media provided, however, that it is specifically understood that in any such publication or use, I shall not be identified by name without my consent below. I grant this consent as a voluntary contribution in the interest of medical education and knowledge, or to promote Lemak Sports Medicine.
- (4) I waive all rights I may have to any claims for payment or royalties in connection with any exhibition, televising or other showing of these films, electronic images, tapes, or photographs, regardless or whether such exhibition, televising or other showing is under philanthropic, commercial, institutional, or private sponsorship, and irrespective of whether a fee of admission or film rental is charged.
- (5) I understand that photographs, electronic images, films or tapes may be edited, modified, or retouched for artistic purposes to withhold identity or for other graphic production reasons which may or may not be within the hospital's control.
- (6) I _____ consent to be identified in the article, book, social media, film, photography, videotape, or audio recordings.

Witness

(Patient, parent, legal guardian, health care agent, or other person authorized to consent for patient)