

## CONSENT FOR PHOTOGRAPHY, VIDEO/AUDIO RECORDINGS AND/OR TO TELEVISE PATIENTS

(Images taken for the purposes of treatment, payment and/or health care operations)

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Last	First	M.I.
Date of Birth:	UH Number:	
I consent to have my image taken l (UTMB) as described below:	by the staff of The University of To	exas Medical Branch
I understand that my image, include will be recorded for the purpose of payment reasons, and assisting in concluding quality care initiatives. It is education of the students and residents	assisting in my care, documenting certain health care operations UTM in addition, these images may be u	g my treatment for IB conducts
For reasons other than treatment, p as described above, I understand the representative to sign a written aut	nat UTMB will require me or my p	ersonal
I understand that UTMB will own obtain copies of them at a reasonal	<u> </u>	d to view them or
I certify this form has been fully exme, and I understand its contents. to the conditions listed above.	•	