

CONSENT AND RELEASE TO USE LIKENESS/INFORMATION***(Other than for treatment or payor purposes)***

Patient's Name: _____

Date of Birth: _____ MRN: _____

I, or my authorized legal representative, hereby give consent for Texas Tech University Health Sciences Center (TTUHSC) employees or agents to take and use my information and likeness or image as follows including, but not limited to, photographs, videotaped images, audio recordings, digital or other images (Images) for the purposes checked below.

Use Within TTUHSC

My name, image(s), and medical history _____ may _____ may not be used for educational purposes.

Use Outside TTUHSC

I agree to the uses designated below:	My Name	My Image(s)	My Medical History
<input type="checkbox"/> For educational purposes outside TTUHSC	__ yes __ no	__ yes __ no	__ yes __ no
<input type="checkbox"/> For marketing or publicity for TTUHSC	__ yes __ no	__ yes __ no	__ yes __ no
<input type="checkbox"/> For publication in journals or on the internet	__ yes __ no	__ yes __ no	__ yes __ no
<input type="checkbox"/> Other purpose(s)	__ yes __ no	__ yes __ no	__ yes __ no

I understand that TTUHSC and its regents, employees, agents, and personnel, acting on behalf of TTUHSC, shall not be held responsible for any use of my name and/or image(s), including any use whatsoever by any outside user or third parties, and I hereby release and hold harmless TTUHSC and its regents, employees, agents and personnel, acting on its behalf, from any and all liability for damages of whatever kind, character or nature which may at any time result from this release and authorization or from the dissemination of my name and/or image(s) in accordance with this Consent and Release.

I understand that TTUHSC will own the image(s) of me, but I have the right to see them or obtain copies of them at a reasonable cost. I do hereby knowingly and voluntarily waive any and all other rights, compensation, royalties, or payment of any kind or character in connection with the use of my name and/or image(s) as authorized above.

This Consent and Release can be revoked or withdrawn at any time, but such withdrawal or revocation must be in writing and sent to the TTUHSC Institutional Privacy Officer, MS 8165, 3601 4th Street, Lubbock, TX 79430. Any withdrawal of consent does not affect any information used or disclosed prior to receipt of the written notice of withdrawal.

By signing below, I am indicating that I have read and understand this "Consent and Release to Use Likeness/Information" and that it is binding on my/the patient's heirs, executors and personal representatives. I am 18 years of age or older and am either the patient or have the legal authority to give consent for the patient. This form is **optional** and I understand that **I do not have to sign it** to receive medical care.

Signature of Patient/Legal Representative_____
Date_____
Printed Name of Patient/Legal Representative_____
Relationship to Patient