

University of New Mexico Health Sciences Center
(UNMH, UNM Children's Hospital, CTH, UPC, CPC, CRTC)
Photographs, Filming/Video-tape and Interviews
Consent to Photograph/Interview

Date

Duration of symptoms

Tentative diagnosis

Treatment to date

Symptoms

Other pertinent information

I hereby consent to being photographed, filmed, and/or interviewed at UNM Health Sciences Center components, including: UNM Hospital (UNMH), UNM Children's Hospital, Cancer Research and Treatment Center (CRTC), UNM Psychiatric Center (UPC), UNM Children's Psychiatric Center (CPC), and/or UNM Carrie Tingley Hospital (CTH). I hereby give my permission that these photographs, films and information may be used as follows:

Use of Photographs/Film/Interviews

Participant's or Guardian's Signature

Interview, photograph, film/video-tape for
radio, television and/or print media

X

Interview, photograph, film/video-tape for
publicity, promotional, printed or educational materials

X

~~Photographs, film/video tape, interviews for
personal use~~

~~Photographs, film/video tape, interviews for
attorney or law enforcement~~

~~Photographs, film/video tape, interviews for
medical purposes/therapy~~

I understand that this film/video/interview is
intended for public viewing and I consent to
the use of and release of my ~~identity and~~ HIV status

X

Witness Signature & Title

Date

Revised 7/1/04

This is to be filed in patient's medical record, if applicable.

Patient Label


