

McLaren Print System Order

Order No: 45157
Order Date: 2019-05-07
User: Denise Maginity
Phone: 810-342-5470

Ship Location: BARIATRIC & METABOLIC INSTITUTE/BEECH HILL CENTRE
G-3200 Beecher Road, MBI
Flint, MI 48532

Forms
Quantity: 500
Paragon Dept No: 36810
Dept Name: BARIATRIC & METABOLIC INSTITUTE
Company Number: 60

Order Total Price: 18.00

Item Number: MHCC-17472
Item Description: CONSENT FOR PHOTOGRAPHY
Revision Date: 4/2009
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: 5 Hole Top
Misc Info:

McLaren Print
Print Screen 8888
CONSENT FOR PHOTOGRAPHY

This is to certify that I, the undersigned, give my consent to the Hospital/Clinic to take:
 Photographs Video Film Slides Audio
 Other _____

For the purpose of:
 Diagnosis, treatment recommendations and/or photographic documentation
 Identification while in treatment
 Other _____

I understand the disposition of this media will be as follows:
 Retained as a permanent part of the medical record
 Destroyed upon discharge from treatment and not part of the permanent medical record
 Your PCP will receive a copy of your case study
 Other _____

Furthermore, I understand some photography may be used for case studies, education and training of health care personnel. Personnel utilizing the photography will employ their best efforts to protect identity of the patient. Patient identifying information such as name, address, and medical record number will be obliterated.

I hereby waive any right that I may have to inspect or approve the finished product of this photography. In addition, I agree to release the Hospital/Clinic from any and all causes of action or liability resulting from the taking and use of such pictures.

Print Name: _____
Signature of Patient: _____ Date: _____

Witness: _____
If the patient is a minor or unable to consent, complete the following:

Patient (is a minor _____ years of age) is unable to consent because _____

Legal Guardian or
Closest Available
Print Name: _____
Signature: _____ Date: _____

Witness: _____
Expires 7 years from date of signing

Spec Info:

CONSENT FOR PHOTOGRAPHY
8888-1100-000-000



01
000000
00