



MRN:
Patient Name:
(Patient Label)

**CONSENT TO PARTICIPATE IN
MEDIA | MARKETING ACTIVITIES
(ADULTS, MINORS AND WARDS)**

PARTICIPANT TYPE:

Patient Other: _____ Participant's Name: _____

Date of Birth: ___ / ___ / _____ Address: _____

Phone Number: (____) _____ E-mail (optional): _____

ACTIVITY (check all that apply):

- Interview Photography Audio Recording Filming or Video Recording
 Other: _____

TYPE OF USE:

By a UCLA Health representative Other: _____

Description: _____

UCLA Health Department: _____

FOR FUTURE PROJECTS, I AUTHORIZE THE FOLLOWING (please select one):

- UCLA may reuse the participant's image or likeness for other projects (Initial Here: _____)
 UCLA must request consent before reusing the participant's image or likeness for other projects
(Initial Here: _____)

I understand that this authorization is voluntary. If the participant is a patient of UCLA Health, I understand that their ability to receive health care services, eligibility for benefits, or reimbursement for services is not conditioned on the signing of this authorization.

I understand that all negatives, prints, digital reproductions, recordings, and videotapes shall be the property of UCLA and shall not be returned to me or the participant.

I may cancel or revoke my authorization at any time by writing to:

UCLAHealthNews@mednet.ucla.edu

OR

UCLA Health Media Relations
924 Westwood Boulevard, Suite 350
Los Angeles, CA 90024

Revocation will be effective upon receipt, except to the extent that UCLA or others have already relied on it. If the multimedia items have already been shared, it may not be possible to recall them.

