UCLA Health CONSENT TO PARTICIPATE IN MEDIA   MARKETING ACTIVITIES (ADULTS, MINORS AND WARDS)	MRN: Patient Name. (Patient Latel)
PARTICIPANT TYPE:	lame:
Date of Birth:/ / / Address:	
Phone Number: ()E-mail (optional):	
ACTIVITY (check all that apply):	☐ Filming or Video Recording
TYPE OF USE:	
Description: UCLA Health Department:	
FOR FUTURE PROJECTS, I AUTHORIZE THE FOLLOWING	(please select one):
<ul> <li>UCLA may reuse the participant's image or likeness for oth</li> <li>UCLA must request consent before reusing the participant's (Initial Here:)</li> </ul>	
I understand that this authorization is voluntary. If the participal understand that their ability to receive health care services, elig reimbursement for services is not conditioned on the signing of	gibility for benefits, or
I understand that all negatives, prints, digital reproductions, rec the property of UCLA and shall not be returned to me or the pa	
I may cancel or revoke my authorization at any time by writing <u>UCLAHealthNews@mednet.ucla.edu</u> <b>OR</b> UCLA Health Media Relations 924 Westwood Boulevard, Suite 350 Los Angeles, CA 90024	to:
Revocation will be effective upon receipt, except to the extent t relied on it. If the multimedia items have already been shared, i them.	-
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MRN:	
Patient Name:	
(Patient Label)	

I have read this form, and all of my questions have been answered. I hereby agree to release UCLA and those acting pursuant to their respective authority from liability for any violation of any personal or proprietary right I, or the participant, may have in connection with the use of the participant's image or likeness for the activity described above.

Signature of patient, parent or	conservator	Date	Time	
If not signed by patient, indicate relationship or guardian:				
UCLA Representative Name		UCLA Representative S	ignature	
Date	Time			
I have accurately and completely read this consent to (patient or patient's legal representative) in the patient's or legal representative's primary language (identify language). He/she understood all of the terms and conditions and acknowledged his/her agreement by signing the document in my presence.				
Signature of Translator		Printed Name of Transla	tor	
Date	Time	Translator ID #		