

## Texas Tech University Health Sciences Center El Paso Consent and Release to Use Image or Information

I,(print name), or my authorized legal representative, hereby give consent for Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) employees, students or agents to take and use information about me (including my medical history, if applicable), or my name, image or likeness, including, but not limited to, photographs, videotaped images, audio recordings, digital content (collectively "images"), or my data or presentation for the purposes checked below.					
I AGREE TO THE USES DESIGNATED (Not including uses for patient treatment or patient or pat		My Name	My Image(s)	My Information	My Data or Presentation
☐ For educational purposes within TTUHSC El	l Paso.	☐ Yes ☐ No	□ Yes □ N	o □ Yes □ No	□ Yes □ No
☐ For educational purposes <u>outside</u> TTUHSC E	El Paso.	☐ Yes ☐ No	□ Yes □ N	o □ Yes □ No	□ Yes □ No
☐ For TTUHSC El Paso marketing or publicity. (This includes news and social media, such a interviews, Facebook, websites, Twitter, YouT		□ Yes □No	□ Yes □ N	lo □ Yes □ No	□ Yes □ No
☐ For publication in journals or on the Internet		□ Yes □No	□ Yes □ N	lo □ Yes □ No	□ Yes □ No
☐ Other purpose(s):		□ Yes □No	□ Yes □ N	lo □ Yes □ No	☐ Yes ☐ No
release and hold harmless TTUHSC EI Paso 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 consent and release authorizing use or dissemination in accordance with the above.  I understand that TTUHSC EI Paso will own the image(s) of me for the purposes stated above. 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, likeness, 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This consent and release can be revoked or withdrawn at any time, but such withdrawal or revocation must be in writing and sent to the TTUHSC El Paso Institutional Privacy Officer. Withdrawal of -consent does not affect any information used or disclosed prior to receipt of the written notice of withdrawal.					
By signing below, I represent that I have read and understand this Consent and Release to Use Image or Information and that it is binding on my heirs, executors, and personal representatives. I am 18 years of age or older.					
Signature of Person Named Above		Date			
OR Signature and Printed Name of Authorized Legal Representative Date					
For Office Use Only:	Completed by:				
Date of Event:    Speaker	MR#:		☐ Patient	R# (Banner): □ Faculty □ S	Staff □ Student