

Consent For Photos

In connection with medical services which I am receiving from The RINJ Foundation at an RSAC, I ______, consent that photographs may be taken of me or parts of my body, under the following conditions:

- The photographs shall be taken by The RINJ Foundation's representative with the Foundation's consent.
- The photographs shall be used for medical or legal records & if in the judgment of The RINJ Foundation a criminal case, medical research, education or science will be benefited by their use, such photographs and information relating to my case may be published & republished, either separately or in connection with each other, in professional journals or medical books, or used in the interest of medical education, knowledge or research, provided however, that it is specifically understood that in any such publication I shall not be identified by name except for criminal prosecution where I am a survivor/witness.
- I understand that I may be recognizable and identifiable in the photographs, although reasonable attempts will be made to avoid personal identification.

Patient:	
Printed Name:	
Witness:	
Date:	