



(Patient Identification)

**Consent for Photographing and/or Recording of Patients (Non-clinical Care Purposes)**

**Limited English Proficiency (LEP) – to obtain consent in any UConn Health location from this patient with LEP:**

- Live qualified interpreter was used     Language Line operator /interpreter (# \_\_\_\_\_) was used

Name of Interpreter: \_\_\_\_\_

**Telephone Consent Only:** Consent via telephone requires the name of the person providing consent, their relationship to the patient and a witness other than the practitioner obtaining consent.

Person Providing Consent: \_\_\_\_\_

Relationship to patient:  Self;  Parent;  Guardian;

Authorized Representative (describe): \_\_\_\_\_

UConn Health Employee Obtained by: (print name): \_\_\_\_\_

UConn Health Employee Obtained by: (signature): \_\_\_\_\_

Witness of other than practitioner obtaining consent: \_\_\_\_\_

Date: \_\_\_\_\_ Time:  AM \_\_\_\_\_  
 PM \_\_\_\_\_

**I agree to the intended use of this authorization noted above. It has been explained to me that this authorization will expire only if I withdraw the authorization. I may do this at any time by written request to the responsible UConn Health employee noted above. Revocation of this authorization will only apply to the extent the data has not already been processed, utilized or otherwise circulated. Absent revocation, this authorization will remain valid for the purpose(s) specified. It has been explained to me that I do not have to sign this authorization to ensure my continued treatment.**

\_\_\_\_\_  
Patient Signature or Authorized Representative\*\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time  AM  PM

\_\_\_\_\_  
Print Name

**\*\*Note**, if signing on behalf of the patient, I have proven my identity and/or relationship to the patient as:

Parent;  Guardian;  Authorized Representative (describe): \_\_\_\_\_

\_\_\_\_\_  
Obtained by: Signature of UConn Health Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time  AM  PM

\_\_\_\_\_  
Obtained by: Print Name of UConn Health Employee