

**School of Medicine
Standardized Patient
Consent to Photograph**

I, _____, give my permission for UNMSOM to use recorded images (my photographs or filmed encounters) for the purpose of program promotion and education. Many of my activities as a standardized patient require video documentation for educational use. I give permission for these recordings to be used for program promotion or educational purposes. This may include radio, television, print media or presentation at professional conferences. My anonymity will be protected. I will not be identified by name in audio, videotape, or other media.

I understand that I may withdraw my consent in writing at any time.

Standardized Patient Signature

Date

**Program Representative
Assessment & Learning**

Date