

HIC#

**CONSENT TO FILMING OR VIDEO-TAPING  
FOR RESEARCH PURPOSES**

I agree that videotape or motion pictures may be taken of me under the direction of **(Name of Investigator)** as part of the study entitled: **(Enter Study Name.)**

1. The films may be used for any purpose relevant to research and medical evaluation, within the discretion of **(Name of Investigator or Organization.)**
2. Check One:  
  
\_\_\_\_\_ These films will be erased within a period of **(enter number)** months/years after completion of study.  
  
\_\_\_\_\_ These films will be retained permanently in the interests of research or education.
3. It is specifically understood that, after filming, videocassettes will be identified by code numbers only.
4. It is specifically understood that only those persons involved in the research program will view these videotapes or films and that my confidentiality will otherwise be maintained.
5. I may request at any time during the research that the videotapes or films of me be destroyed and the research staff will honor my request promptly.

\_\_\_\_\_  
Signature of Subject

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Witnessed

*THIS FORM IS NOT VALID UNLESS THE FOLLOWING BOX  
HAS BEEN COMPLETED BY THE HIC OFFICE*

THIS FORM IS VALID ONLY FROM: _____ THROUGH: _____
HIC PROTOCOL #: _____

INITIALED:

---