

 <b>Department of Veterans Affairs</b>		CONSENT OF (Name) <u>Jennifer N. Alcalá</u>	
<b>CONSENT FOR USE OF PICTURE AND/OR VOICE</b>		<u>Jennifer N. Alcalá</u>	
<p><b>NOTE:</b> The information requested on this form is solicited under the authority of title 38, United States Code. The execution of this form does not authorize disclosure of the materials specified hereinafter for the purpose(s) stated. The specified material may be used within the VA for authorized purposes, such as for education of VA personnel or for VA research activities. It may also be disclosed outside the VA as permitted by law. If this material is part of a VA system of records, it may be disclosed outside the VA as stated in the Routine Uses in the "VA Privacy Act Systems of Records" published in the Federal Register. A copy of the "Routine Uses" is available upon request to the appropriate office of the VA facility involved. You do not have to consent to have your picture or voice taken, recorded, or used. Your refusal to grant your consent will have no effect on any VA benefits to which you may be entitled.</p>			
I hereby voluntarily and without compensation authorize pictures and/or voice recording(s) to be made of me (or of the above-named individual if the individual is legally unable to give consent by (specify the name of the VA facility, newspaper, magazine, television station, etc.))			
For use in Publications, mixed media, documentation, and or promotional material for VISCARAD			
While I am (describe the activity, if any to be photographed or recorded)			
photographs of Dr. Alcalá using VISCARAD.			
I authorize disclosure of the picture and/or voice recording to (specify name and address of the organization, agency, or individual(s) to whom the release is to be made)			
VA Office of Information, Silver Springs- VISA Imaging Project			
I understand that the said picture, video and/or voice recording is intended for the following purpose(s):			
For use in Publications, mixed media; documentation, and or promotional material for VISCARAD			
I have read and understand the foregoing and I consent to the use of my picture and/or voice as specified for the above-described purpose(s). I further understand that no royalty, fee or other compensation of any character shall become payable to me by the United States for such use. I understand that consent to use my picture, video and/or voice recording is voluntary and my refusal to grant consent will have no effect on any VA benefits to which I may be entitled. I further understand that I may at any time exercise the right to cease being filmed, photographed or recorded, and may rescind my consent for up to a reasonable time before the picture, video or voice recording is used.			
SIGNATURE OF INDIVIDUAL OR OTHER LEGALLY AUTHORIZED PERSON		DATE	
<u>Jennifer N. Alcalá</u>		<u>11/20/06</u>	
PERMISSION OBTAINED BY (NAME - TITLE - ADDRESS)			
<u>Arrianna McFarren - Technical Writer</u>			
SIGNATURE OF INTERVIEWER OR INDIVIDUAL OBTAINING CONSENT		DATE	
<u>Arrianna McFarren</u>		<u>11/21/06</u>	
PRODUCTION TITLE		PRODUCTION NUMBER	
<u>Videotape documentation</u>		<u>N/A</u>	
INDIVIDUAL'S NAME AND ADDRESS		<b>IMPORTANT:</b> This form must always be completed prior to the making or using pictures, video or voice recording(s) of any VA patient. If any patient health or demographic information is to be provided or released with the picture, video or voice recording, VA Form 10-5345, Request for and Authorization to Release Medical Records or Health Information is required prior to the release of such data to any source.	



Veterans Administration

## VHA FAX TRANSMITTAL

This transmission is intended only for the use of the person or office to whom it is addressed and may contain information that is privileged, confidential, or protected by law.

All others are hereby notified that receipt of this message does not waive any applicable privilege or exemption from disclosure and that any dissemination, distribution, or copying of this communication is prohibited.

If you have received this communication in error, please notify us immediately at the telephone number shown below. Thank you.

TO

ARIANNA McFARREN

FAX NUMBER

301-734-0146

DATE

11/20

NO. PAGES  
ATTACHED

1

SUBJECT

CONSENT FORM

FROM:

JOHN DiLORENZO

Imaging Service (6-114)

Diagnostics Service Line

Southern Arizona VA Health Care System

3601 South Sixth Avenue

Tucson, AZ 85723

Phone: (520) 629-4630

Fax: (520) 629-4683