



# ROBERT WOOD JOHNSON MEDICAL SCHOOL

University of Medicine & Dentistry of New Jersey

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## Consent and Authorization

I, \_\_\_\_\_, consent to allowing University of Medicine and Dentistry of New Jersey – Robert Wood Johnson Medical School (UMDNJ-RWJMS) to use my likeness including any audio recordings obtained via photograph, video tape, audio tape, or other methods taken of me to be used for the purposes of advertising, marketing to include publications and Internet, and any other lawful reasons. I understand that this consent gives UMDNJ-RWJMS the right to use these photographs, video tapes, audio tapes, CD-ROMs, DVDs, other media and/or interviews for its own purposes as well as to share this information with other entities and affiliates of RWJMS, including UMDNJ. Any likenesses or other information obtained in accordance with this consent may also be shared with and used by public news media regarding stories about Robert Wood Johnson Medical School.

I agree that all photographs, films, videotapes, audio tapes, as well as any other media containing my photographic, videographic or audiographic likeness of me and reproductions thereof, including but not limited to tapes, plates, CD-ROMs, DVDs, and negatives connected therewith are and shall remain the property of Robert Wood Johnson Medical School.

I understand that I may revoke this consent and authorization any time by writing to Robert Wood Johnson Medical School at the address listed below, except to the extent that UMDNJ-RWJMS has already taken action in reliance upon this consent and authorization. A photocopied or faxed copy of this form is as valid as the original.

I further understand that UMDNJ-RWJMS will not make decisions concerning my healthcare treatment, payment, enrollment or eligibility for benefits based on signing, refusing to sign, or revoking this consent and authorization.

I acknowledge and understand that uses and disclosures of my protected health information authorized by me through this consent and authorization may be subject to re-disclosure by the recipient and may not be protected by privacy and confidentiality laws.

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent  
or Guardian if under 18** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of  
Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_