

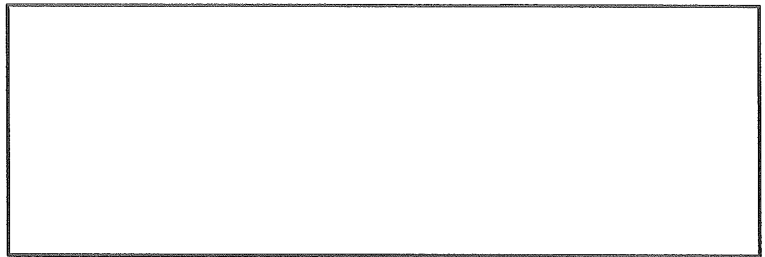


HOWARD COUNTY
GENERAL HOSPITAL

JOHNS HOPKINS MEDICINE



HC230281



Health Care and Surgery Center
Center for Ambulatory Surgery
5759 Cedar Lane
Columbia, MD 21044
410-884-4707

Howard County General Hospital
5755 Cedar Lane
Columbia, MD 21044
410-740-7890

**AUTHORIZATION (OR CONSENT) FOR
OBSERVERS, VIDEO, GRAPHIC MATERIAL
AND PHOTOGRAPHS FOR PATIENTS
HAVING A PROCEDURE OR ANESTHESIA**

I am scheduled for the following procedure and/or anesthesia: _____

My health care providers have asked if I would agree, in connection with this procedure and/or anesthesia, to the following:

- 1. Admittance of observers, in accordance with the ordinary practices of Howard County General Hospital/The Center for Ambulatory Surgery, in furtherance of educational purposes.
- 2. The use of closed-circuit television to record and transmit the procedure/anesthesia in furtherance of educational purposes.
- 3. The taking of photographs (including motion pictures) in furtherance of educational purposes.
- 4. The preparation of drawings and similar illustrative graphic material in furtherance of educational purposes.
- 5. Admittance of a vendor company representative to support the surgeon with equipment, instrumentation or supplies.

A check in the box next to any of these sections and my signature below together indicate that I agree to permit Howard County General Hospital to share my health information in the ways checked.

I understand that the observers, students and others who film the procedure, take the photographs or create the drawings will learn about my health condition. Howard County General Hospital/The Center for Ambulatory Surgery staff are pledged to maintain strict patient confidentiality in keeping with Howard County General Hospital's policies and in accordance with state and federal law. The observers and other people working on these activities who are from outside of Howard County General Hospital/The Center for Ambulatory Surgery will sign a confidentiality pledge. However, as much as we try to make sure they will keep your health information private, we cannot guarantee this.

This authorization is valid for one year from the date signed, unless I cancel this authorization. I may cancel this authorization at any time by writing to the Privacy Officer at Howard County General Hospital at 5755 Cedar Lane, Columbia, MD 21044 or faxing my request to 410-740-7610.

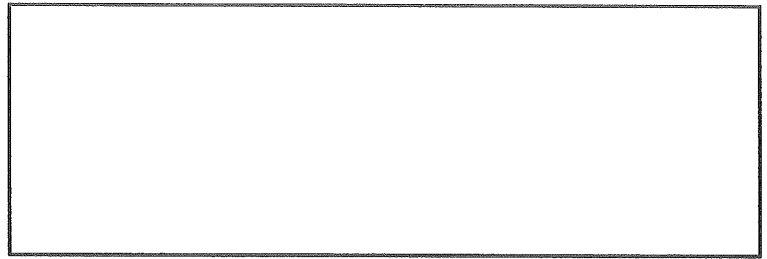


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HC23028-1



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I am not required to sign this authorization. Howard County General/The Center for Ambulatory Surgery does not condition treatment, payment, benefit eligibility or enrollment activities on the signing of this form. I will receive a copy of this authorization upon signature.

Patient Name: _____
(First) (Middle Initial) (Last)

Date: _____ Time: _____ Signature: _____

For Personal Representatives, please provide the following and attach contact information.

I, _____, represent that I am the healthcare
(Insert your name)

agent/guardian/surrogate/parent of the patient named above.
(Circle one of the above)

Personal Representative
Date: _____ Time: _____ Signature: _____

Address: _____ Phone: _____

Witness:

Date: _____ Time: _____ Signature: _____