

Observation and Imaging Consent

Bastyr University Clinic (BUC) is a teaching clinic. In order to supervise your treatment and provide clinical education, the supervising provider and other student interns (not directly involved in your care) might monitor your care through a one-way window. Typically, this is done during the interview process whenever you are receiving treatment in our counseling, homeopathy and nutrition clinics. If you have questions about our observation practices, please ask your attending clinicians for more details.

In addition to observation, we request your permission to take photographs and/or videotape you in certain circumstances. Please review the sections below and indicate which photographic or imaging procedures you agree to. If you have additional questions, please discuss them with your attending clinicians. It is important to us that all your questions be answered to your satisfaction. Moreover, Bastyr will not condition treatment on you being photographed or videotaped, and if you decline to be photographed or videotaped, it will not adversely affect your care at BUC. We ask that you consider participating as it enhances the learning experience for the students who are providing care to you and assists us in providing you with the level of attention and consideration we strive for.

I AGREE to participate	I DECLINE to participate
-----------------------------------	-------------------------------------

_____ (initial)	_____ (initial)
--------------------	--------------------

Tongue and Skin Color Photography: The diagnostic procedures used by some practitioners, particularly those in oriental medicine at BUC, include the observation of the tongue and skin color. We would like permission to photograph your tongue and/or skin color to place in your medical chart. These photographs will only be observed by student interns or licensed providers at BUC. The photograph(s) will remain part of your permanent patient record and will be held subject to BUC's confidentiality policies.

_____ (initial)	_____ (initial)
--------------------	--------------------

Videotaping Your Session: The learning structure for some modalities, particularly those in the counseling, homeopathy, and nutrition clinics, involve group observation and discussion. We would like permission to videotape all or part of your session. The videotape created would be viewed later by your supervising provider and attending physicians to assist in clinical training; particularly with regard to interview and intake skills. Tapes are stored in a locked file cabinet on site, and are typically kept for a maximum of three years. Ultimately, they are erased or recorded over after they have served their learning purpose. These tapes are not made part of your permanent patient record, and will not be made available to anyone except those involved in your care or direct observation of your care. Bastyr's confidentiality policies require that these tapes be handled with the same care as all of your records, and your confidentiality will be maintained.

_____ (initial)	_____ (initial)
--------------------	--------------------

Disease-Specific Photography: It may be helpful in any of BUC's clinical modalities to photograph you at times. Occasionally, a disease or disorder has an observable presentation that is easier to illustrate than describe in words. For example, photographs of skin lesions, rashes, wounds, or infections can be particularly helpful learning tools. We would like your permission to photograph you for disease-specific presentations like this. These photographs will be placed in your chart and will only be observed by intern clinicians or licensed providers at BUC. The photograph(s) would remain part of your permanent patient record and will be held subject to BUC's confidentiality policies.

I understand that I am agreeing to the above observation and imaging practices to assist in the educational efforts of BUC's clinical education program. I understand that I may still ask questions about observation and imaging practices and that I may withdraw my consent at any time. I understand that observation may be required to receive treatment in some modalities but that any photographing or videotaping is optional, and my refusal to be photographed or videotaped will not adversely affect my care.

Patient's Name (PRINT)

Guardian/Personal Representative's Signature

Patient's Signature

Relationship/Representative's Authority

Date

Date