UNIVERSITY OF SOUTHERN INDIANA
College of Nursing and Health Professions

Diagnostic Medical Sonography
Volunteer Scan Model Consent Form

I, _____, agree to be a volunteer scan model at the University of Southern Indiana ("USI") for the Diagnostic Medical Sonography program. I acknowledge an ultrasound scan is conducted for the purpose of educating students and will not be evaluated by USI faculty, staff, or students for medical purposes. As such, the supervising sonography faculty and students will not fully evaluate the desired exam and make no representations that the volunteer is receiving any medical diagnosis or treatment. I acknowledge that USI will use the scan for educational purposes but will not disclose any personally identifiable information about me or my medical information to any party. I further acknowledge that the images taken as a result of the ultrasound scan will remain the property of USI and USI will be held harmless in the event of a future diagnostic concern.

I have notified my physician of my intent to participate in a sonographic student training session. My physician has reviewed this document with me and has approved my intent to participate as a volunteer. My physician's phone number has been provided to USI in case post-session contact is necessary.

I understand that there is the possibility the American Registry for Diagnostic Medical Sonography (ARDMS) credentialed supervising sonography faculty and/or students may incidentally discover potential areas of diagnostic concern during this learning opportunity; therefore, I give permission to USI and its staff to forward such information to the below listed healthcare provider. I also understand that USI will ***not*** be responsible with any further follow-up with me or my physician. I agree to be personally responsible for following up with my physician for all medical care.

Physician Information

OB/GYN Physician Name:_____

OB/GYN Physician Phone Number: _____

Physician Address:_____
Street City State ZIP

Physician Consent

I _____, am the physician for the above-named patient, and hereby agree that volunteer scan model is medically fit to obtain a diagnostic medical sonography exam from USI students and faculty.

Physician's Signature: _____

Scan Model Information

Model Name:_____ Date of Birth: _____

Model Address: _____

Model Phone Number:_____ Due Date: _____

_____ _____
Model Signature Date