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 (the "College") 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 College faculty, staff, or students for medical purposes. As such, the supervising sonography faculty and students will not fully evaluate the desired exam checked below and make no representations that the volunteer is receiving any medical diagnosis or treatment. I acknowledge that the College 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 the College and the College will be held harmless in the event of a future diagnostic concern.

I understand that there is the possibility the 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.

I will be volunteering to be a model for ultrasound scanning of: (please check all that apply)

❑ Abdomen/Small Parts ❑ Gynecology ❑ Cardiac ❑ Vascular

Physician Information

Primary Care Physician Name:_____

Primary Care Physician Phone Number: _____

Physician Address:_____
Street City State ZIP

Scan Model Information

Model Name:_____ Date of Birth: _____

Model Address:_____

Model Phone Number: _____

_____ _____
Model Signature Date