



**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 the USI and USI will be held harmless in the event of a future diagnostic concern.

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

Primary Care Physician Name: _____

Primary Care Physician Phone Number: _____

Physician Address: _____
Street _____ City _____ State _____ ZIP _____

Volunteer Scan Model Information

Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____

Signature _____ Date _____