

Policy on Use of Student Images

Introduction

Students who matriculate into the College of Medicine are subject to video and audiovisual recordings for instructional purposes. Examples include but are not limited to patient encounters, whether real or simulated, in order to provide formative feedback or summative evaluation concerning the level of mastery of learning objectives and graduation competencies. Use of these tapes is limited to student-faculty or peer review in small group settings, and images may not be used as a teaching tool for other purposes without the expressed, written permission of the student.

Research or Promotional Purposes

The University of Illinois College of Medicine may wish to photograph students to publish the images in professional journals and medical books, or to be used for other purposes the staff member may deem appropriate in the interest of medical education or research, and to be used at professional meetings of any kind. Photographs of classroom activity may be used for advertising, displays, or in newspaper articles. However, permission to use students' images must be obtained through the use of specific consent forms. Individual consent forms should be obtained for any projects that do not clearly fall within the educational uses described in the consent form (below).

Approved by Academic Associate Deans: 2 March 2004
Approved by Vice Dean: 5 March 2004

USE OF STUDENT IMAGE CONSENT FORM

I, _____ (student's printed name), understand that the professional staff and such assistants, agents, photographers and technicians of the University of Illinois College of Medicine may produce still photographs, motion pictures, educational closed circuit television programs, and videotapes, as well as any other audiovisual recordings of my image for educational purposes. Use of these tapes is limited to student-faculty or peer review in small group settings, and images may not be used as a teaching tool for other purposes without my expressed, written permission.

I hereby voluntarily and knowingly authorize the use and reproduction by the University of Illinois any such photographs, motion pictures, electronic recordings, videotapes, etc., for any educational endeavor. I further understand and agree that I will not be compensated in any way for the use of said images, and all photographs, negatives, film reels, and transparencies shall become the sole property of the University of Illinois College of Medicine or its assigns.

My authorization includes the modification or retouching of such photographic images as the University deems necessary.

I understand that this consent has no time limitation but that I may revoke my consent at any time upon written confirmation of same.

I authorize that I am over the age of eighteen (18).

Signature of Student/Resident

Date