



## Consent Form

### Authorization for use of images (photos and videos)

By signing this form, I consent to having my photographs/videos taken for medical, scientific, or educational purposes and used to create a secure photo/video bank. The devices used to capture these images belong to the Montreal Heart Institute (MHI), and all related information remains confidential and anonymous.

This consent is valid from the date of signature for a period of seven (7) years, without territorial limitation. I understand that I am not obligated to give this consent and that I may withdraw it in writing, in whole or in part, at any time. I waive any royalties or other forms of financial compensation for said photographs/videos.

By signing this document, I agree to the reproduction and distribution of my image or recording on printed or electronic media, including the internet, while respecting my anonymity. The transmission of images or other recordings between professionals will be done through a secure network. The taking of photographs/videos does not require any additional care.

I release the MHI, its administrators, directors, employees, and agents from any liability and waive all rights to claims or damages related to the capture and use of photographs and video recordings in accordance with this consent.

I, the undersigned, \_\_\_\_\_, acknowledge that I have read and understood the information presented in this form and have received, if necessary, the explanations required for its understanding.

\_\_\_\_\_  
Signature of the patient or legal representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness to the signature  
(Healthcare professional/family)

\_\_\_\_\_  
Date