V Department of Veterans Affairs		
	CONSENT OF (Name)	
CONSENT FOR USE OF PICTURE AND/OR VOICE		
NOTE: The information requested on this form is solicited under the authority of title 38, Unit the materials specified below except for the purpose(s) stated. The specified material may be personnel or for VA research activities. It may also be disclosed outside the VA as permitted b outside the VA as stated in the 'Routine Uses' in the "VA Privacy Act Systems of Records" p upon request to the administrative office of the VA facility involved. You do not have to con grant your consent will have no effect on any VA benefits to which you may be entitled.	used within the VA for authy y law. If the material is part of published in the Federal Regis sent to have your picture or v	orized purposes, such as for education of VA f a VA system of records, it may be disclosed ster. A copy of the 'Routine Uses' is available oice taken, recorded, or used. Your refusal to
I hereby voluntarily and without compensation authorize pictures a above-name individual if the individual is legally unable to give con- magazine, television station, etc.)		
While I am (describe the activity, if any to be photographed or recorded)		
I authorize disclosure of the picture and/or voice recording to (specify name and address of the organization, agency, or individual(s) to whom the release is to be made)		
I understand that the said picture, video and/or voice recording is intended for the following purpose(s):		
I have read and understand the foregoing and I consent to the use of m purpose(s). I further understand that no royalty, fee or other compensation States for such use. I understand that consent to use my picture, video consent will have no effect on any VA benefits to which I may be entitled. If cease being filmed, photographed or recorded, and may rescind my conservoice recording is used.	of any character shall t and/or voice recording urther understand that I	become payable to me by the United is voluntary and my refusal to grant may at any time exercise the right to
SIGNATURE OF INDIVIDUAL OR OTHER LEGALLY AUTHORIZED PERSON		DATE
PERMISSION OBTAINED BY (NAME - TITLE - ADDRESS)		
SIGNATURE OF INTERVIEWER OR INDIVIDUAL OBTAINING CONSENT		DATE
PRODUCTION TITLE		PRODUCTION NUMBER
INDIVIDUAL' S NAME AND ADDRESS	completed p video or voi any patient to be provid or voice rec for and A Records or	T: This form must always be prior to the making or using pictures, ce recording(s) of any VA patient. If health or demographic information is ed or released with the picture, video cording, VA Form 10-5345, Request authorization to Release Medical Health Information is required prior se of such data to any source.