

INDIANA UNIVERSITY SCHOOL OF MEDICINE ULTRASOUND EDUCATION INFORMATION SHEET AND CONSENT

You are volunteering to participate as a model for learners to perform point of care ultrasound on your body. Ultrasound is a medical procedure that uses high frequency sound waves to produce images of the human body.

This consent form provides you information about the procedure to help you decide whether you would like to participate. Please read this form, and ask any questions you have before agreeing to be a volunteer model. Deciding not to participate will not result in any penalty or loss of benefits to which you are entitled and will not affect your relationship with IUSM and its faculty, staff and affiliates.

The purpose of the ultrasound procedure to be performed on you is to better educate learners in the use of ultrasound. The purpose of this ultrasound procedure is **not** to provide medical care or diagnose medical conditions. There are no risks/ side effects of participating as a volunteer model. Your participation benefits the medical society in helping learners acquire and practice ultrasound skills.

In the event that the scanning individual(s) believe they have found an abnormality, they will follow up by advising you to speak with your physician. However, because the purpose of this ultrasound procedure is **not** to provide medical care or look for any abnormalities, it is possible that abnormalities/medical conditions would not be detected. The faculty, students, or any other entities of Indiana University School of Medicine are not responsible for any outcomes involved with the ultrasound procedure. If you suspect that you have a medical disease or condition that needs diagnosis, you should see your physician. Since this is an educational activity and not a healthcare procedure, HIPPA laws are not applicable.

Efforts will be made to keep your personal information confidential. We cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law. Your age and gender will be recorded with the scan, but not name or other identifying factors.

VOLUNTEER CONSENT

I agree to participate as a volunteer to be scanned by medical students and other learners in an educational setting in the point of care ultrasound in medical education program at Indiana University School of Medicine, where students are acquiring skills in conducting ultrasound at the bedside. I recognize that by participating in this activity, no medical care is being provided and that individuals scanning are learning skills and their interpretations of ultrasound imaging in either finding abnormal conditions, or not finding abnormal conditions, should not be considered factual and/or a medical diagnosis in any way.

I understand that the ultrasound procedure performed on me is purely for educational purposes to teach learners the skills of conducting point of care ultrasound. The purpose of the ultrasound procedure is **not** to locate or diagnose medical conditions.

Please select one of the two following options to indicate your decision to volunteer as an ultrasound scanning model. Serving as a volunteer to be scanned is entirely voluntary and choosing not to volunteer will have no negative impacts.

In consideration of all of the above,

- I agree to volunteer as a model for ultrasound scan
- I decline to volunteer as a model for ultrasound scan

Participant's Printed Name: _____ **Phone #:** _____

Participant's Signature: _____ **Date:** _____