

**CCCC MEDICAL SONOGRAPHY PROGRAM**

**VOLUNTEER INFORMED CONSENT**

I, \_\_\_\_\_, agree to be a volunteer scan model at Central Carolina Community College for the Medical Sonography program. I acknowledge the ultrasound exam is conducted for the purpose of educating students and will not be diagnostic. As such, the supervising (direct or indirect) sonography faculty and students make no representations that I, the volunteer is receiving any medical diagnosis or treatment. I acknowledge that CCCC will use the exam for educational purposes, and will not disclose any personally identifiable information about me or my medical history to any other party outside of faculty, students and staff without my written consent.

I understand the techniques practiced in the laboratory setting are supervised. I myself, release and hold harmless Central Carolina Community College, its faculty, staff and the students in the Medical Sonography program, to the fullest extent permitted by law. I further state that I am at least eighteen (18) years of age and fully competent to sign this document; and that I execute this release on the below date.

I understand that there is a possibility that the ARDMS credentialed supervising sonography faculty and/or students may incidentally discover potential areas of diagnostic concern during this learning opportunity. Supervising (direct or indirect) faculty and students may, but are not required to, disclose what they discover, but are under no obligation to provide medical or treatment recommendations. I also understand that CCCC 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.

Note: Supervision may be direct or indirect.

VOLUNTEER'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DOB: \_\_\_\_\_ Signature: \_\_\_\_\_