

UAB Radiology Volunteer Consent Form

For, and in consideration of being permitted to participate as a volunteer at any Radiology entity of UAB Medicine, and in full recognition that radiological imaging may present various risks to health and safety, I, _____, assume all the risks and responsibilities of my participation as a radiology volunteer. I understand that prior to undergoing an MRI, I must complete the MRI Safety Questionnaire and disclose any type of metals or implants that are present in my body. I am fully aware that I am voluntarily agreeing to undergo a limited radiology study, which may be used to test new radiology equipment or for developing clinical protocols and other activities. I understand that my insurance company will not be billed for this examination, nor will I be responsible for a co-pay or co-insurance amount.

I understand that the technologists, who are performing the studies, are not providing medical treatment nor performing the study to diagnose or treat any medical condition or disease. I also understand that the images will be reviewed by a Radiologist for clinically significant incidental findings, and the results will be uploaded to my Electronic Medical Record (EMR) and patient portal for my review. However, because the sequences are limited, the Radiologist will not provide a full interpretation. If I have any questions or concerns about the radiologist's report, I will contact my primary care physician.

I consent to undergo a _____ (Type of Imaging) as described above and release UAB Medicine and the Radiology Department from any and all liabilities, claims, causes of action, damage to personal property, personal injury or death, which may result from my participation as a volunteer. I assume all the risks and responsibilities of my participation as a volunteer, and any other activities undertaken during this volunteer role.

Printed Name of Participant

Date

Signature of Participant

Date