



PHYSICIAN ASSISTANT PROGRAM

INFORMED CONSENT TO SERVE AS A VOLUNTEER ULTRASOUND SCANNING SUBJECT AND RELEASE OF LIABILITY FORM

I, _____, agree to be a volunteer ultrasound scan model for UW-L Mayo Gundersen PA Program ultrasound education endeavors, understanding that refusal to consent for ultrasound scanning will not affect my course grade. I agree ultrasound scanning of my body will be conducted for the sole purpose of educating students and will not be evaluated by faculty, instructors, employees, students, or volunteers for medical or diagnostic purposes. As such, faculty, instructors, employees, students, and volunteers will not interpret any ultrasound images or video, and make no representations that the ultrasound scanning subject is receiving any medical diagnosis or treatment.

I understand that incidental ultrasound findings, which may be pathologic, abnormal, or normal, may be discovered during ultrasound educational scanning of my body. Faculty, instructors, employees, students, and/or volunteers may, but are not required to, disclose what they discover, and will not be able to provide advice, direction, counseling, or diagnosis regarding any ultrasound findings or their potential significance.

In the event of a perceived sonographic finding, or concern about a perceived sonographic finding, I agree to be personally and solely responsible for following up with my personal physician, other personal health care provider, or UW-L Student Health Clinic for qualified medical opinion and medical advice. I agree that UW-L faculty, instructors, employees, students, and/or volunteers, as well as the University of Wisconsin-La Crosse are NOT responsible for any follow up with me or my personal physician or other personal health care provider.

I agree that there is no health care provider/patient relationship established by this solely educational endeavor, and I agree that I have read and understand the UW-L Gundersen Mayo PA Program Ultrasound Curriculum Informed Consent Policy.

In consideration of my not being charged to receive the ultrasound scan, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless UW-L, its faculty, instructors, officers, officials, agents, students, employees, and volunteers (“Releasees”) with respect to any and all future diagnostic concerns, medical malpractice liability, and financial liability, whether arising from the negligence of the Releasees or otherwise, 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 for full, adequate, and complete consideration fully intending to be bound by the same.

Volunteer Name (printed): _____

Date of Birth: _____

Volunteer Signature

Date