



**PERMISSION TO PHOTOGRAPH  
AND/OR RECORD AUDIO AND VIDEO**

I, \_\_\_\_\_, hereby authorize **MEMORIAL PREMIER SLEEP CENTER**, or their representative, to take photograph(s) and/or record audio and video of

\_\_\_\_\_  
*Name of Patient*

I understand that such photograph(s) and/or video recordings may be used for clinical or educational purposes or in the event of legal action. The sleep center and trustees of *Memorial Premier Sleep Center* and its duly appointed representatives are hereby released without recourse from any liability arising from obtaining and using such photograph(s), audio recording(s) and/or video recordings.

The undersigned also hereby transfers and assigns to *Memorial Premier Sleep Center* the right to copy the materials in whole or in part. No use of the material for educational purposes will identify me by name.

Check here \_\_\_\_\_ if you DO NOT authorize use for educational purposes.

Check here \_\_\_\_\_ if you DO NOT authorize any photographs or video. **By declining, we are unable to proceed with your sleep study and will notify your physician of such.**

\_\_\_\_\_  
Signature (patient or guardian)

\_\_\_\_\_  
Date

Relationship to Patient if Guardian \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**Memorial Premier Sleep Center**  
8301 Katy Freeway, Suite 100  
Houston, TX 77024  
Office: 713-467-1341 • Fax: 713-468-4584