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Consent for Video Recording

I understand that video recording of patients during sleep studies is a standard practice of Sleep Medicine Services of Western Massachusetts, LLC. The recordings provide useful diagnostic information and an element of protection both for patients and technicians.

I understand that Sleep Medicine Services of Western Massachusetts, LLC will retain the ownership rights to all digital images produced in its facilities and will store them in a secure manner that will protect my privacy.

No images that identify me will be released and/or used for any purpose outside of the facility without written authorization from me or my legal representative.

I hereby consent to video recording of me during my sleep study.

Name

Date of Birth

Signature

Date of Recording