

AUTOPSY CENTER OF CHICAGO

Ben Margolis, M.D.
Director

444 N. Michigan Ave. Suite 1200
Chicago, IL 60611
855-8-AUTOPSY
info@autopsy.online
www.autopsychicago.com
www.autopsy.online

Consent for Educational Video Donation

Section 1: Patient information

Patient Name: _____

Age: ____ Date of Birth _____ Date of Death _____ Time of Death (if known) _____ am/pm

Section 2. Legal next of kin information and authorization

I, _____, being legal next of kin or court-appointed Power of Attorney for Health Care, hereby authorize Dr. Ben Margolis (or professional of his designation) to perform an autopsy or post-mortem dissection on the body of the deceased. Authorization is further granted for taking, use and publication of photographs and video for educational and scientific (including research) purposes. I represent that my relationships to the deceased is:

_____ (husband/wife, sister/brother, father/mother, etc.).

Section 3. Request specifications

I hereby specify that the dissection will be of:

<input type="checkbox"/> Hand	<input type="checkbox"/> Back	<input type="checkbox"/> Buttocks	<input type="checkbox"/> Face
<input type="checkbox"/> Forearm	<input type="checkbox"/> Feet	<input type="checkbox"/> Perineum	<input type="checkbox"/> Head
<input type="checkbox"/> Upper arm	<input type="checkbox"/> Lower legs	<input type="checkbox"/> Chest Organs	<input type="checkbox"/> Cranial organs
<input type="checkbox"/> Shoulder	<input type="checkbox"/> Upper legs	<input type="checkbox"/> Abdominal Organs	
<input type="checkbox"/> Chest	<input type="checkbox"/> Genitals	<input type="checkbox"/> Pelvic organs	

Other special restrictions or instructions.

Name of Deceased _____

Birth Date _____

Section 4. Donation of Video for Education and Research

A. Submission of video to Autopsy.Online

I authorize Autopsy Center of Chicago (“ACC”) to obtain video (“video”) from the deceased (“donor”) and submit the video to autopsy.online (“website”) for educational and research purposes. The term “video” refers electronic visual and sound recording obtained during autopsy procedure or other post-mortem dissection as specified above.

I authorize and understand I do not authorize

B. The donated video will be used to help advance medicine and medical education.

I authorize ACC to submit video to the website and understand that the purpose of such submission is for the advancement of medical education.

I authorize and understand I do not authorize

B. The family’s privacy is protected.

I authorize ACC to submit video to the website and understand that my or the donor’s personal, identifying data (as defined under standard HIPAA law), will not be disclosed in any manner to any individual, organization or institution other than Autopsy Center of Chicago itself. I understand that, after release of my or the donor’s de-identified health information, the health information will not be used to identify me or the donor. I understand that any research on donated video will not be performed in any way that identifies me or the donor. I understand that I must request in writing if I wish for identifying information or video (e.g. face, hands, tattoos, etc.) to be released and that I may do so in Section 3., above.

I authorize and understand I do not authorize

D. “Restricted health information” from the medical record can be submitted to the website as long as identifying information is removed.

I authorize ACC to submit “restricted health information” to the website as long as all identifying information is removed (as specified in part B) and as long as the submission is for educational purposes only. “Restricted health information” includes but is not limited to information related to the type and location of disease; method of disease diagnosis; type of symptoms and duration of symptoms; treatments for disease and other medical conditions; research protocols; developmental disabilities; HIV/AIDS testing; genetic testing; and mental health.

I authorize and understand I do not authorize

Name of Deceased _____

Birth Date _____

F. There is no financial or direct health benefit to the family.

I authorize ACC to submit video to the website and understand that:

-The website is funded through paid access (“subscriptions”). I understand that there may be financial benefit to Autopsy Center of Chicago from “subscriptions” to the website by individuals and institutions.

I authorize and understand I do not authorize

-There are no plans to provide financial benefit, profit, or compensation to me or any of the donor’s family member as a result of participating in video donation or from any scientific advances developed from the use or study of the video.

I authorize and understand I do not authorize

-There will be no disclosure of research results or educational benefits to me or any of the video donor’s family members as a result of participation in video donation or with the development of any scientific advances developed from the use or study of the donated video.

I authorize and understand I do not authorize

-I will not receive a written report, autopsy report or other written medical diagnostic report as a result of the dissection I authorize.

I authorize and understand I do not authorize

-There will be no other benefit (for example, disease testing, diagnosis or treatment) for me or any of the video donor’s family member as a result of participation in video donation or from the development of any scientific advances, except as the benefits become available to the general public.

I authorize and understand I do not authorize

-The family does not control the video once it is submitted to the website. I authorize ACC to submit video to the website and understand that, upon submission, the full video is property of ACC; and that ACC has full rights to distribute video to subscribers or any other individual or institution at its sole discretion. I understand that while ACC is in possession of video and prior to submission to the website, I have full right to withdraw consent for use of the video; and that this withdrawal of consent will result in disposal of the video without submission to the website. I understand that withdrawal of consent must be provided to ACC in writing.

I authorize and understand I do not authorize

Name of Deceased _____

Birth Date _____

Section 5. Signature and Authorization

I acknowledge that

- I have read this four-page document
- All blank spaces have been completed
- I understand the content of this form
- I have had the opportunity to ask questions
- All my questions have been answered to my satisfaction.

Signature of Next of Kin/Power of Attorney: _____

Date: _____ Time: _____

***Contact telephone number(s): _____

Address of Next of Kin/Power of Attorney: _____

Witness#1 _____ Witness#2 _____

Section 6. Individual obtaining consent

Name and title of person obtaining consent

Name and address where autopsy performed