

# Mammography and Hysterosalpingography Consent Form

## Radiologic Technology Program



Indian Hills Community College continually strives to provide the best clinical experiences possible for students. There are times when imaging procedures may be performed by professionals who are of the opposite gender of the patient. Due to the fact that some procedures are more sensitive in nature for patients, students observing and participating in mammography and hysterosalpinography, must have the patient's consent.

IHCC radiology students adhere to the policies and standards set forth by the hospital, which include patient confidentiality and compliance with HIPAA.

By signing below, you are authorizing a Radiologic Technologist student, who is currently enrolled at Indian Hills Community College, to observe and participate in your mammography or hysterosalpinography procedure.

Mammography

Hysterosalpinography

Patient's Name: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_

Technologist's Signature: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date of Examination: \_\_\_\_\_