



## AAHKS Patient Consent Form

### Calling All Hip and Knee Replacement Patients: Your Videos and Pictures are Needed!

The American Association of Hip and Knee Surgeons (AAHKS) is reaching out to our surgeons' patients to solicit written testimonials, pictures and short video clips to use on our various communication platforms, including but not limited to our patient education and member website. Ideally, we are seeking digital media such as voice recordings, short videos and/or pictures of your journey through a hip or knee replacement.

Potential topics of discussion may include:

- Your experience with the surgery and your recovery
- What the surgery has done for restoring your quality of life
- What activities you are now capable of doing following your hip or knee replacement surgery
- Special events you were able to attend or participate in, following surgery

Photo opportunities include:

- Sporting activities you can now participate in
- Family events and special occasions
- Pictures that demonstrate your return to a better quality of life
- Recovery pictures showing your journey through the surgery and rehab

Additionally, videos or photos showing activities you can now do and or trips you have been able to take since having a hip or knee replacement are welcome. Please be sure to identify the joint(s) you have had replaced (hip, knee or both) when submitting. We hope that you will take the time to share your experiences with other hip and knee replacement patients to show the good we can do when we all work together. It is okay to give your surgeon a call out in your video or pictures!

We are also seeking testimonials that discuss advocacy for hip and knee surgeons, such as access to care concerns, optimization efforts prior to surgery and supportive healthcare commentaries. We are facing trying times in the light of a pandemic and budgetary cuts, nothing would help your surgeon more than your advocacy as a patient.

The second page of this handout is a consent form to allow AAHKS to use your statements, pictures and/or videos for the education of future patients. By signing the consent page, you will be allowing the organization to use this footage in future videos and on our websites to highlight the benefits that hip and knee replacements provide.

To submit a testimonial, please email [connect@AAHKS.org](mailto:connect@AAHKS.org) or scan QR code.



## Participant Release and Non-Exclusive License

I hereby give the American Association of Hip and Knee Surgeons (AAHKS) permission to capture, retain and utilize my voice, image(s), likeness and/or actions and written testimonial.

I authorize AAHKS to use the provided content in any format, including but not limited to video, photograph, electronic media, podcast, digital and/or print on the following terms:

1. I hereby grant AAHKS a non-exclusive license to use of the provided content. AAHKS is not obligated to use the provided content in any way.
2. I understand that the provided content refers to any reproduction, any likeness, voice or written statement made by any process, photographic or electronic, in black and white, or color, recorded, or any combination of the processes, along with or in conjunction with other persons, or based on any additions, alteration, retouching or compositing with other reproduction of any kind.
3. I give up all rights of inspection and irrevocably release AAHKS, its officers, directors, employees, agents and affiliated entities from all claims or demands which I may or can have on account of the use of publication of the provided content.
4. I specifically release AAHKS from any obligation to pay money or otherwise perform services for this license.

**I consent to the above.**

(Print) Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone/Email Contact: \_\_\_\_\_

Signature: \_\_\_\_\_

