

Consent for Clinical Photography, Video and Audio Recordings

I, hereby authorize _____ to take photographs, video and sound
(organization recording images)

recordings of me while participating in an MBTelehealth session.

I understand that these photographs, video and sound recordings will be maintained under the custody of
_____ (clinician name) and I may contact them at _____
(phone number)

if I wish to revoke this custody.

These recordings will be used for the following purpose as described to me by the clinician named above
(specify planned use and duration of retention):

I understand that I will or I will not (check choice) be identifiable in any of these images.

I understand that images may be required to be transported to the individual indicated above using secure and encrypted e-mail or another secure method such as secured ground mail. I understand that despite these precautions, there is some risk to my privacy as both methods can be intercepted and/or lost in transit on rare occasions. Once digital images are transported, MBTelehealth will not retain any copies.

I understand that I will not be paid for images in which I am a subject.

I, _____ (printed name) have read and consent to the above statement(s).

Signed this _____ day of _____ 20_____

Witness to Signature

Signature of Patient or Individual Empowered to Give Consent

Consent for photography, video and sound recordings on behalf of the patient.

As the parent, spouse, next of kin, legal guardian, or a person authorized to represent the patient, I agree to the above conditions, and authorize the individual/organization named above to take photographs, video or sound recordings.

I provide this consent in the capacity of: () Parent () Social Worker
() Guardian () Other (specify) _____

Signed this _____ day of _____ 20_____

Name of Agency: _____

Witness to Signature

Signature of Patient or Individual Empowered to Give Consent

NOTE: Original to be forwarded to clinician identified above, photocopy to be provided to patient, photocopy to be retained in local patient chart (if applicable)