MH 528
Revised 2/11/11

CONSENT TO PHOTOGRAPH / AUDIO RECORD

The undersigned client* or responsible adult** consents to:

_____ to
Name of Facility and/or Program or Unit and/or Employee Name

☐ Photograph (which, as used in this Consent, means motion picture, still photography in any form, videotapes, or any other mechanical means of recording and reproducing images)

☐ Audio record

The undersigned:

1. Agrees that photographs/audio recordings made as a result of this consent will be used for purposes of:
   - ☐ Learning and training purposes ☐ Client Identification
   - ☐ Research (Approval of Department Human Subjects Committee required)
   - ☐ Publication, public relations, webpages and/or fund-raising (MH 602 Authorization required)
   - ☐ Sharing Recovery Stories (MH 677 Authorization required which must be obtained from the Clinical Records Director for the specific purpose and modality in which the stories will be shared)
2. Waives any right to compensation for use of the photographs/audio recordings;
3. Holds the Department harmless from and against any claim of injury or compensation resulting from the activities authorized by this Consent.

_____ _____
Signature of Client* Date

_____ _____ _____
Signature of Responsible Adult** Relationship to Client Date

_____ _____
Signature of Witness/Interpreter *** Date

This Consent was interpreted in _____ for the client and/or responsible adult.
If a translated version of this Consent was signed by the client and/or responsible adult, the translated version must be attached to the English version.

Signator ☐ was given ☐ declined a copy of this Consent on _____ by _____.
Date Initials

This section must be completed by Staff if signed by Minor or if there is no signature by client and/or responsible adult.

☐ Client is willing to consent to photograph/audio record, but unwilling to sign this Consent.

☐ I have completed or have caused to be completed the Consent of Minor form for any client between the ages of 12-18 signing above without parental/guardian consent.

_____ _____
Signature of Staff Date

* A minor client receiving services under his/her own signature must have the signed Minor Consent and a Consent for Service form on file in the clinical record.

** Responsible Adult = Guardian, Conservator, or Parent of minor when required.

*** Witness/Interpreter = Person who either witnessed the signing of the form (may be staff or other person) or the person who interpreted this form into another language for the client (must include the language it was interpreted into).

Name: **IS#:**

Agency: **Provider #:**

Los Angeles County – Department of Mental Health

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