

TITLE: PERMISSION FOR VIDEOTAPE/AUDIOTAPE/PHOTOGRAPH/ OR INTERVIEW RECORDING FORM #7	MOST RECENT REVISION APPROVAL DATE: 8/11, 11/11	PAGE:	POLICY & PROCEDURE
<u>CROSS REFERENCES AND RELATED POLICIES AND PROCEDURES:</u>			
<u>POLICY:</u> IT IS THE POLICY OF THE CONNECTICUT MENTAL HEALTH CENTER TO OBTAIN WRITTEN AUTHORIZATION TO VIDEO TAPE, AUDIOTAPE, PHOTOGRAPH AND/OR INTERVIEW A CLIENT.			
<u>DEFINITIONS:</u>			
<u>PROCEDURES:</u> <ul style="list-style-type: none"> A. THE CLIENT WILL SIGN PERMISSION FOR AUDIO OR VISUAL RECORDING FORM (#7) BEFORE ANY AUDIOTAPE, VIDEOTAPE, PHOTOGRAPH, AND/OR INTERVIEW, IS CONDUCTED/RECORDED. B. THE PERMISSION FORM IS FILED IN THE CLIENT’S MEDICAL RECORD IN THE LEGAL SECTION. C. A WRITTEN REQUEST IS REQUIRED TO REVOKE THIS CONSENT. THE WRITTEN REQUEST MUST BE COMPLETED BY THE CLIENT AND SENT TO THE HEALTH INFORMATION MANAGEMENT DEPARTMENT. D. THE HEALTH INFORMATION DEPARTMENT WILL CONTACT THE APPROPRIATE PERSON(S) WITHIN 7 DAYS OF RECEIPT OF THE REVOCATION AND WILL FORWARD A COPY OF THE REVOCATION. 			