

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEASTERN MICHIGAN		<i>Policy and Procedure</i>	
Department Recipient Rights	# of Pages: 5		
Policy Name AUDIO/VIDEOTAPING, PHOTOGRAPHY, FILMING, FINGERPRINTING, AND USE OF ONE-WAY GLASS FOR OBSERVATION	Type of Policy: [] WCHO [<input checked="" type="checkbox"/>] Regional [] Network		
Policy Number	Effective Date	Revision Date 7/13/06	Approval Date 7/18/06
Administrative/Board of Directors Sign Off			
Administrative Signature:		Date:	
Board of Directors Signature:		Date:	

I. PURPOSE

To establish guidelines for audio/videotaping, photographing, filming, fingerprinting and use of one-way glass for observation designed to insure protection of recipients' rights to privacy.

II. APPLICATION

All recipients while under the care of any Community Mental Health Partnership of Southeastern Michigan (CMHPSM) staff, students, volunteers and/or contractual agencies within the provider network.

III. POLICY

Fingerprinting of recipients by the CMHPSM or contractual agency staff is prohibited.

Recipients may be audio/videotaped, photographed, filmed and/or observed through one-way glass only when prior written consent has been obtained from the recipient, recipient's guardian or parent of a minor, and for the following purposes:

1. Supervision of staff, students, volunteers
2. Evaluation of the treatment process
3. Staff development or training
4. Community education
5. Research
6. Personal or social purposes
7. To determine the identification of a recipient

The consent form must include:

1. A statement of intended use
2. A statement advising the recipient of the right to terminate the consent at any time
3. A statement advising the recipient that there will be a review at least annually regarding the need to continue to retain the material

Tapes, photographs or films may not be used by any person, group or organization outside of the CMHPSM without explicit permission of the local CMH Director or designee as well as the recipient.

If it is necessary to send photographs or audio/videotapes to an individual or agency outside of the CMHPSM or its contract agencies for assistance in determining the identification of a recipient, the individual/agency shall be informed that such photographs or audio/videotapes must be returned, along with any copies that were made. Upon their return, the photographs or audio/videotapes, along with any copies, shall be kept in the clinical record of the recipient.

There will be a review at least annually to determine whether there continues to be an essential need to maintain audio/videotaped, photographic or filmed material. If not, the material will be returned to the recipient or destroyed.

IV. DEFINITIONS

Audiotape - A recording of the voice alone

Consent - A written agreement signed by the recipient or guardian which assumes legal competency, knowledge, comprehension and voluntariness.

Film - See photographing

Fingerprinting - An inked impression of the finger used as a means of identification

Photographing - A visual image reproduced as a photographic still, film, videotape or digital image on any device.

Recipient - A person who receives mental health services from the CMHPSM or an agency under contract with the CMHPSM

Recordings - Any reproduction, audio or visual

Videotape - A recording of the voice and image

V. EXHIBITS

- A. Consent For Photographing, Filming and/or Audio/Videotaping

VI. REFERENCES

- A. Michigan Mental Health Code, Public Act 258 of 1974 as amended - 330.1724.

VII. PROCEDURES

<u>WHO</u>	<u>DOES WHAT</u>
Client Services Manager/ Supports Coordinator	<ol style="list-style-type: none">1. Discusses need for audio/videotape, photograph, film or use of one-way glass for observation with supervisor.2. Discusses type of recording or observation to be done with recipient and/or guardian and requests written consent.
Recipient and/or guardian or parent of minor	<ol style="list-style-type: none">1. May give consent for recording or observation or refuse consent. Recipients may object when photos are for personal information or social purposes by refusing consent.
Client Services Manager/ Supports Coordinator	<ol style="list-style-type: none">1. Maintains copy of written consent in recipient's record. Affords an opportunity for recipient to object, immediately prior to the recording, transmission of the recording, photographing or observation through one-way glass. A recipient shall not be observed through one-way glass nor shall a recording or photograph be made or transmitted if the recipient indicates his/her objection even if recipient has previously signed a consent form.2. Maintains original and any copies of photographs or audio/videotapes in recipient's record if their purpose is to provide services. Photographs or audio/videotapes for other purposes shall be maintained in recipient's record or in a secure location such as a locked file.3. In conjunction with annual person centered planning review and update, determines whether there is an essential need to retain photograph or audio/videotape of recipient.4. Returns copies of materials to recipient or destroys when:<ol style="list-style-type: none">a. It is determined that there is no longer an essential need to maintain materials, orb. Recipient withdraws consent, orc. Discharge of the recipient, ord. Purpose for which it was intended has been completed.

WHO

Director or Designee

DOES WHAT

1. Must approve any photographing or audio/videotaping by or on behalf of the news media.
2. Must give written consent before a recording may be removed from the premises and a recipient's record.

CONSENT FOR PHOTOGRAPING, FILMING AND/OR AUDIO/VIDEOTAPING

Community Mental Health Partnership of Southeast Michigan

I, _____, Birthdate _____,
hereby authorize the Community Mental Health Partnership of Southeast Michigan to:

1. Photograph me _____
2. Record my voice _____
3. Record my voice and image _____

I understand that these photographs and/or recordings may be used for:

1. Personal or social purposes _____
2. Providing services _____
3. Community Education _____
4. Supervision of staff, students or volunteers _____
5. Research _____

I understand that at least once a year there will be a review to determine whether there continues to be a need to keep the photograph, film or audio/videotape. I also understand that I may revoke my consent at any time by notifying my Client Services Manager/Supports Coordinator.

I have no objection to the use of my picture and/or voice for the purposes described.

RECIPIENT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

WITNESS SIGNATURE

DATE