

County of San Luis Obispo Behavioral Health Department
**Consent to Take Photograph, Videotape or other Recordings
as Specified**

Name of Client:

Date of Birth:

I, _____, hereby give consent for San Luis Obispo County Behavioral Health Agency member to take my photograph, videotape or other recordings of myself/child/conservatee as specified for the purpose of (check all that apply):

- Accurate medication administration

- Teaching/Education of SLO BH Staff, interns, and/or trainees who are employed by or working under a contract with the County of San Luis Obispo.

- Other

I understand that the photograph, videotape or other recordings that are used for treatment purposes will become part of my permanent medical record.

I understand that I have the right to withdraw my consent to this authorization at any time.

I understand that I may refuse to sign this authorization, and that the treatment that I will receive will not be dependent upon my consent to have these photograph, videotape or other recordings taken, I understand that my refusal will not interfere with my treatment. However, such refusal may delay or hinder proper identification of a patient for accurate administration of medication(s).

This consent will remain valid until I revoke such authorization.

Name:
Type: Consent to Take Photo

Case#:

Page: 2 of 2
Date:

Signatures

Signature	Signature Line Heading	Printed Name	Date
	Client		
	Parent/Legally Resp. Person		
	Staff Witness		