

**County of San Bernardino Department of Behavioral Health
CONSENT TO RECORD AND/OR PHOTOGRAPH AND
AUTHORIZATION FOR USE OR DISCLOSURE**

Name of Client: _____	Date of Birth: _____ Month/Day/Year
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security: <u>XXX - XX -</u> _____

Completion of this document authorizes the release, disclosure, and/or use of sound and photographic recordings of you. Failure to provide all information requested may invalidate this Authorization.

USE AND DISCLOSURE OF SOUND AND/OR PHOTOGRAPHIC RECORDINGS

I hereby agree that the San Bernardino County Department of Behavioral Health (DBH) including Alcohol and Drug Services Administration may use photographs and/or sound recordings of my presentation/participation in DBH and/or County sponsored events.

The term "photograph," includes video or still photography, in digital or any other format, and any other means of recording or reproducing images.

I hereby authorize _____ to release to:
(Facility Name/Provider/Other)

Name: _____

Address: _____

Phone Number: _____

PURPOSE

I hereby authorize the use or disclosure of the photograph(s) and/or sound recordings for the following uses or purposes (describe permitted uses, e.g., use by Department of Behavioral Health (DBH) Mental Health and/or Alcohol and Drug Programs, clinicians, staff, and members of the public for educational, treatment, research, public relations, and charitable purposes):

I consent to be photographed and/or recorded and authorize the use or disclosure of such sound and/or photographic recording(s) in order to assist research, treatment, educational, public relations, and/or charitable goals, and I hereby waive any right to compensation for such uses by reason of the foregoing authorization. I and my successors or assigns hereby hold DBH, its staff, the County, and any other person participating in my care and their successors and assignees harmless from and against any claim for injury or compensation resulting from the activities authorized by this agreement.

EXPIRATION

This Authorization expires [insert date]: _____

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MY RIGHTS

- I may refuse to sign this Authorization. It will not affect my ability to get treatment.
- I may request filming or recording stop at any time.
- I have a right to receive a copy of this Authorization.
- To the extent permitted by law, I may inspect or obtain a copy of the photograph and/or sound recording whose use or disclosure I am authorizing.
- I may revoke this authorization at any time, but must do so in writing and submit it to the following address: _____

My revocation will take effect upon receipt, except to the extent that others have acted in reliance upon this Consent and Authorization.

Information disclosed by this Authorization could be re-disclosed by whoever receives it, and the re-disclosed is in some cases not protected by California law and may no longer be protected by federal confidentiality law (HIPAA).

SIGNATURE

Date: _____ Time: _____ am pm

Signature: _____
(patient/representative/spouse/financially responsible party)

If signed by someone other than the client, state your legal relationship to the client:

Witness: _____



LANGUAGE TAGLINES

English

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call [1-888-743-1478] (TTY: [711]).

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al [1-888-743-1478] (TTY: [711]).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số [1-888-743-1478] (TTY: [711]).

Tagalog (Tagalog– Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa [1-888-743-1478] (TTY: [711]).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. [1-888-743-1478] (TTY: [711])번으로 전화해 주십시오.

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 [1-888-743-1478] (TTY: [711])。

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք [1-888-743-1478] (TTY (հեռատիպ) [711]):

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните [1-888-743-1478] (телетайп: [711]).

فارسی (Farsi)

ی‌ن‌ا‌ب‌ز‌ ت‌ا‌ل‌ ی‌ه‌س‌ت‌، د‌ی‌ن‌ک‌ ی‌م‌ و‌گ‌ت‌ف‌گ‌ ی‌س‌ر‌ا‌ف‌ ن‌ا‌ب‌ز‌ ه‌ب‌ ر‌گ‌ا‌: ت‌ و‌ج‌ه‌
ب‌ ص‌و‌ر‌ت‌ ر‌ا‌ی‌ گ‌ان‌ ب‌ ر‌ای‌ ش‌ما
ت‌ م‌ا‌س‌ ب‌ گ‌ ی‌ر‌ی‌د‌. [1-888-743-1478] (TTY: [711]) ب‌ ا‌ف‌ ر‌ا‌ه‌م‌ ی‌م‌ی‌ ب‌ ا‌ش‌د‌.



LANGUAGE TAGLINES

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。[1-888-743-1478] (TTY: [711]) まで、お電話にてご連絡ください。

Hmoob (Hmong) LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau [1-888-743-1478] (TTY: [711]).

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਧਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬ ਬੋਲਿ ਰੇ, ਤਾੀਂ ਭਾਸ਼ਾ ਧ ਿੱਚ ਸਹਾਇਤਾ ਸੇ ਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਿ ਹੈ। [1-888-743-1478] (TTY: [711]) 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic)

توافر لك بالمجان. اتصل برقم ملحوظة: إذا كنت تحدث انكرا اللغة، فإن خدمات المساعدة اللغوية [1-888-743-1478] (TTY: [711]).

हिंदी (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। [1-888-743-1478] (TTY: [711]) पर कॉल करें।

ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร [1-888-743-1478] (TTY: [711]).

ខ្មែរ (Cambodian)

ប្រយ័ត្ន: អើសិនជាអ្នកនិយាយភាសាខ្មែរ, រសវាជំនួយមននកភាសា រោមមិនគិតគូរ គឺអាចមានសំ ំ ំអ ើអ្នក។ ចូ ទូ ស័ព្ទ [1-888-743-1478] (TTY: [711])។

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ [1-888-743-1478] (TTY: [711]).