

I, _____, hereby authorize staff of the San Bernardino County Department of Behavioral Health (SBCDBH) to make sound and/or photographic recordings of my clinical sessions (and to have other persons make recordings of such sessions under the direction of clinical staff) while I am under the care of SBCDBH. It is agreed that these recordings may be used for the following purposes only:

- Supervision of my treating clinician or intern
- To help me see how I look to others and act toward others
- Training for Department staff
- Other Purposes _____

The term "photographic recordings" as used herein includes video or still photography, in digital or any other format, and any other means of recording or reproducing images.

I understand that I may withdraw this consent at any time, with no consequences for my treatment here. If not withdrawn earlier, this consent will expire on _____ (not longer than one year from the date of signature below). Unless specifically noted above, these recordings will be erased following the use(s) listed above.

Client Signature	Date
Other Responsible Person (Print Name and relationship)	Other Responsible Person Signature
Witness (Print Name)	Date
	Date

WITHDRAWAL OF CONSENT:

I hereby withdraw the above consent.

Client/Other Responsible Person Signature	Date
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**CONSENT FOR SOUND AND/OR
PHOTOGRAPHIC RECORDINGS**
San Bernardino County
DEPARTMENT OF BEHAVIORAL HEALTH
Confidential Patient Information
See W&I Code 5328

NAME:
CHART NO:
DOB: / /
PROGRAM:



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]) ف‌ ر‌ا‌ه‌م‌ ی‌ ب‌ ا‌ش‌د‌. ب‌ ا‌



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 ਰੋ, ਤਾਂ ਭਾਸ਼ਾ ਯੋਜਨਾ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। [1-888-743-1478] (TTY: [711]) 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic)

ملحوظة: إذا كنت تتحدث انكز اللغة، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان. اتصل برقم [1-888-743-1478] (TTY: [711]) لمكبل او مصلا فتاه مقر.

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: អ្នកនិយាយភាសាខ្មែរ, រសវាជំនួយមននកភាសា រោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ [1-888-743-1478] (TTY: [711])។

ພາສາລາວ (Lao)

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