

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 If not withdrawn earlier, this consent will expire on _____ (not longer than one year from the date of signature below).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 _____
Date
(Print Name and relationship) _____
Other Responsible Person Signature

Witness (Print Name) _____
Date

Witness Signature

WITHDRAWAL OF CONSENT:

I hereby withdraw the above consent.

Client/Other Responsible Person Signature _____
Date

**CONSENT FOR SOUND AND/OR
PHOTOGRAPHIC RECORDINGS**

**Confidential Patient Information
See W&I Code 5328**

NAME:

CHART NO:

DOB: / /

PROGRAM: