San Luis Obispo County Behavioral Health Department

CONSENT TO AUDIO/VIDEO RECORDING OF A MINOR CHILD

Name of Client:

Legally Responsible Person:

Relationship:

I, the undersigned, am the parent or legal guardian of the above-referenced minor child. I certify that I can act on behalf of the above-referenced minor child in legal matters. I hereby authorize San Luis Obispo County Behavioral Health Department to make audio and/or video recording(s) of the voice and image of the minor child, while he/she is participating in psychotherapy services provided by Behavioral Health Services staff.

I authorize the audio and/or video recording for the following purpose(s):

□ To assist in providing education and training of County Behavioral Health professionals, staff, interns, and/
or trainees who are employed by or working under a contract with the County of San Luis Obispo. I understand that the audio and/or video recordings that are solely used for training and education are not for treatment purposes and, therefore, are not a part of the minor child's permanent medical health record. County Behavioral Health will store the audio and/or video recordings in a confidential place and will destroy each of the recordings 90 days after the date of recording.

□ For treatment purposes. I understand that audio and/or video recordings that are used for treatment purposes will not become part of the child's permanent medical health record and will be deleted at the termination of services.

I understand that I have the right to request that an audio and/or video recording session end at any time during the session. I understand that I have the right to withdraw my consent to this authorization at any time by submitting such a request in writing to:

San Luis Obispo County Behavioral Health, Medical Records
Department 2178 Johnson Avenue
San Luis Obispo, CA 93401

I understand that I may refuse to sign this authorization, and that the minor child's treatment is not dependent upon my consent to have these audio and/or video recordings taken. I understand that my refusal will not interfere with the minor child's treatment.

This consent will remain valid for one year (unless withdrawn sooner) from the date below, and may be reauthorized only with a new written consent.

TO THE PARTY REVIEWING THE AUDIO/VIDEO RECORDING: The information contained in the audio/video recording(s) has been disclosed to you pursuant to the above consent. The information contained in the recording is confidential and is protected by federal and state confidentiality laws. Federal (42 Code of Federal Regs, Part 2) and state regulations prevent you from re-disclosure of this information without obtaining another authorization for such disclosure, or such disclosure is specifically required or permitted by law.

Signatures

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