



# Authorization for Use of Photography, Audio-Video Reproductions, Movies

(1) I \_\_\_\_\_  
 Print Name (Last, First)

(2) Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Alias: \_\_\_\_\_  
 hereby authorize the ILLINOIS DEPARTMENT OF HUMAN SERVICES, (Facility, Agency, Person) to use/disclose the specified medium checked as follows:

- Photographs      Videotape images      Audiotape      Film/Movie/Slides  
 Other (specify): \_\_\_\_\_

(3) I hereby give my consent to allow the above checked medium(s) as specified above to be made. I also understand and agree that images may be used by the news media or by agencies of the Illinois Department of Human Services for the purposes outlined below:

- Identification      Training      Media Coverage      Research  
 Other (specify): \_\_\_\_\_

(4) I understand that the above medium(s) will be used/seen only by the following as indicated.

- Staff/Students/Volunteers      Public      Other (specify): \_\_\_\_\_

(5) This consent is valid until calendar date: \_\_\_\_\_  
 Month Day Year

(6) I understand that I may revoke this consent at any time; however, the revocation must be in writing and must be sent/given to the facility record's department.

(7) I understand that no revocation of this consent shall be effective to prevent disclosure of records and communications, until it is received by the person otherwise authorized to disclose records and communications.

(8) I understand that the medium used will be clearly labeled and be protected from unauthorized use. I also understand that ownership rights will be retained by the facility/agency and that images will be stored and destroyed in a secure manner that will be consistent to protect my privacy.

(9) Refusal to consent will result in the following consequences: **IMAGES WILL NOT BE CREATED.**

(10) \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of individual (age 12 and older)

(11) \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of guardian (Under 18 or Disabled)

(12) \_\_\_\_\_ Date: \_\_\_\_\_  
 Witness OR (2nd parent/guardian, if co-custodial, may sign here)

(13) I provided the individual with a copy of this form in:  English      Spanish      Other  
 (specify): \_\_\_\_\_. A copy of this form has been placed in the individual's record.

(14) \_\_\_\_\_  
 Staff name/signature Staff Title

Date: \_\_\_\_\_

The Standards for Privacy of Personally Identifiable Health Information, 45 CFR Parts 164. 512 9 (b) (2), states requirements for de-identification of protected health information that include photographic and comparable images are explicitly noted as an item to be removed using de-identification to ensure the individuals rights to privacy. A general authorization for the release of medical or other information DOES NOT restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patients. (52FR21809, June 9, 1987, 52FR4 1997, November 2, 1987)



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### INSTRUCTIONS FOR COMPLIANCE

An individual's consent must be obtained for each image that is made of an individual. The consent must fully explain the purpose(s) for which the image will be used.

If an individual cannot give informed consent due to legal/clinical inability or if the individual refuses to consent :  
If the image is for newspaper, publication, television, radio station - under NO circumstance will the image be created.

Every effort should be made to preserve the inherent dignity of the individual and to preclude any exploitation or embarrassment of the individual and his/her family. Within the realm of good taste, these guidelines are to be followed:

1. Any photographs, video or audiotapes/files, or any other images or recordings that are to be released to or taken by any newspaper, other publication, television, radio station, electronic media or film studio shall be with the understanding that the photographic/audio images are not to be altered to prevent identification. (Eg. masking individuals' faces, blurring of faces or altering voices.)
2. Photographers from newspapers or other publications, including Internet publications, video-graphers from television stations, radio personalities, media representatives, film makers, or other visitors are to receive permission from the facility director or his/her designee before any photographs /audio images of an individual(s) are created.
3. It is understood that permission is for single, specific use. Permission for subsequent use must be obtained from the facility director or his/her designee AND from the individual(s) authorized to consent.
4. If the identification of an individual is used in a photographic /audio image, the individual's full name should be used. Use of first names alone, or the designation (I.e., Thomas S.) shall not be used as it perpetuates the stigma attached to mental illness and developmental disabilities.
5. When used for documentation of patient care and identification purposes ensure that use, de-identification and retention practices are outlined in the organization's policies.
6. Staff, business partners and /or any subcontractors are to adhere to the same privacy standards regarding photography or imaging as those of the covered entity.