CONSENT TO PHOTOGRAPH/AUDIO RECORD/DISPLAY ARTWORK

The undersigned client or responsible adult* consents to and authorizes Didi Hirsch Mental Health Services (MHS) to:

- ☐ Photograph (which, as used in this consent, means motion picture, still photography in any form, videotapes, or any other mechanical means of recording and reproducing images)
- ☐ Audio record
- ☐ Display artwork created by client and/or by client's family member

The undersigned:

1. Agrees that photographs/audio recordings/artwork made as a result of this consent will be used only by Didi Hirsch MHS for the purpose of:
   - ☐ Education and training
   - ☐ Identification
   - ☐ Research
   - ☐ Publication, public relations, and/or fund-raising as specified as follows:

   - ☐ Other as follows:
2. Waives any right to compensation for use of the photographs/audio recordings/art display;
3. Holds Didi Hirsch MHS harmless from and against any claim of injury or compensation resulting from the activities authorized by this consent;
4. Understands this consent remains valid unless the patient or legal representative withdraws his/her consent in writing.
5. Agrees that a new consent will be required if image(s), recording(s) or artwork are used for any purpose other than that stated above.

Client Signature	Print Name of Client	Date
Responsible Adult Signature	Name of Responsible Adult	Date

Relationship to client: _____

*Responsible Adult = Guardian, Conservator, Parent of Minor, or other legal representative as allowable by law.

This Consent was interpreted to the following language for the client and/or responsible adult: _____

Signator was ☐ was given ☐ declined a copy of this consent on _____.

☐ Client is willing to accept terms of indicated consents, but unwilling to sign.

☐ Content of this document was reviewed verbally with client/responsible adult and client's/responsible adult's consent and understanding affirmed verbally.