**Resident / Responsible Party Acknowledgement of Policy & Procedure,**

**Videotaping, Audiotaping, Photographing**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and/or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Resident ) (Responsible Party)

Have read, understand and agree to abide by the policy and procedure regarding videotaping, audio-taping, and photographing within the facility.

1. Videotaping, audiotaping and photographing only the person for whom I am responsible.
2. Notification of the Administrator and/or designee in writing prior to photographing or taping.
3. Videotaping, audiotaping, or photographing only in the room of the resident for whom I am responsible and must not include the roommate or roommate’s personal belongings.
4. If I wish to videotape, audiotape, or photograph any other resident or staff member, I must obtain permission from the Administrator / designee.
5. Resident/Responsible Party and staff members must give written consent before being photographed or taped.
6. Posting of a sign outside the resident’s room while video/audio taping is occurring.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident / Responsible Party Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Date

**Resident/Responsible Party Consent to be Videotaped, Audio-taped, Photographed**

**During Facility Events**

I (do / do not) wish to be photographed during facility events such as activities, social events, recognition ceremonies. \_\_\_\_\_\_\_\_\_\_ (initial)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident / Responsible Party Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Date