**Employee Acknowledgement of Policy & Procedure,**

**Videotaping, Audiotaping, Photographing**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, employee of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(employee name in print) (facility)

Have read, understand and agree to abide by the policy and procedure regarding videotaping, audio-taping, and photographing within the facility. I understand that I cannot videotape, audio-tape, or photograph other employees and/or residents without written consent from the employee or resident/responsible party. I further understand that I cannot videotape, audio-tape, or photograph other employees and/or residents without the consent of the Administrator. I understand that violation of this policy and procedure will result in written disciplinary action, suspension and/or termination.

**Employee 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)

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Employee Signature Date

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Witness Date