SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

MULTI-CONSENT FORM

|  |  |  |
| --- | --- | --- |
| Name: | Case #: | Date: |

**Please review each section and then indicate Yes or No for each area.**

*Note: Pictures taken for purely personal or social purposes are allowed under the*

*Mental Health Code 330.1724, Section 6, as long as the individual does not object.*

1. This section is for authorization for: Fingerprints, photographs (including still pictures, motion pictures, and videotapes) or audio-recordings may be taken and used and one-way glass may be used in order to provide services, including research, educational or training purposes to a recipient only when prior written consent is obtained. (Section 330.1724 of the 1996 Mental Health Code).

**Yes  No (Please check yes or no for consent) Please list any exclusions:** \_\_\_\_\_\_\_\_

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

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2) This section is for authorization to be photographed, videotaped or audio-recorded for the purpose of Sanilac County Community Mental Health Authority advertising, special events, press releases and presentations (including, but not limited to SCCMHA brochures, newsletters, website displays, informational displays, presentations to the SCCMHA Board, articles in the local papers, billboards, radio promotions/advertising/announcements, Facebook, and Annual Reports released to the community). The information may include the above individual’s name, but no other information will be released specific to this individual without prior approval (for example, the Annual Report).

**Yes  No (Please check yes or no for consent.) Please list any exclusions:** \_\_\_\_\_\_\_\_

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

Staff: If consent is sought for a specific situation, please note the event/situation here:

Supported Employment Staff to have Verbal contact with potential and or current employer for the purposes of gaining and maintaining employment.  **Yes  No (Please check yes or no for consent)**

**Employer Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Supported Employment Staff to have In Person at place of employment contact with potential and or current employer for the purposes of gaining and maintaining employment.  **Yes  No (Please check yes or no for consent)**

**Employer Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is my understanding that like-gender staff will provide the necessary assistance with intimate personal hygiene as required EXCEPT when a like-gender staff is unavailable and/or if an accident occurs which required immediate attention.

I understand that consent may be withdrawn, and participation discontinued at any time without penalty. I understand that a new consent must be obtained at least annually; whenever programs are added; when circumstances significantly affect the risks, benefits, or expected outcomes; when a minor turns 18 years of age; when there is a change in the legally responsible party, or guardian.

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Individual’s Signature Date Parent/Guardian Signature (if applicable) Date