

CONSENT AND RELEASE

I, _____, hereby authorize the following parties to videotape and/or audiotape me during educational film production sessions, and specifically authorize the taping of my voice and image in personally identifiable form: Staff of the Connecticut Valley Hospital (CVH) and the State of Connecticut Department of Mental Health and Addiction Services (DMHAS). I further authorize Staff of CVH and DMHAS, their agents and employees to use, reproduce, and edit any such tapes, including my voice and image in personally identifiable form, in such manner as they or any of them shall see fit in all media, throughout the world, in an unlimited number of times in perpetuity. I understand that among the authorized uses are inclusion of such tape or edited portions of it in training programs and materials, including video and audio tapes, and that such training programs and materials may be posted on the Internet or made available via other media, now existing or hereafter created. I understand that static images from the videotape may be used; for example in printed materials or a slide presentation, or posted on a website. I understand that these images will be used for a variety of purposes and will not be kept confidential. I acknowledge that the videotape and/or audiotape made will not be a part of my medical record, it will not be used as the basis for providing care or treatment to me. I am entitled to a copy of the videotape and/or audiotape if I request a copy.

I further acknowledge that the parties I have authorized to take the action described above are relying on my execution of this Consent and Release and will expend time, effort, and money in reliance on it. I understand and agree that any subsequent written notice of the withdrawal of this Consent and Release shall not affect any use or distribution of my voice and image which has been made prior to receipt of such written notice of withdrawal. I acknowledge that neither CVH nor DMHAS, nor any of their agents or employees, is responsible for the continued or further use or distribution of my voice and image by entities other than CVH or DMHAS with respect to disclosures made prior to receipt of a written notice of withdrawal.

I hereby release Staff of the Connecticut Valley Hospital and the State of Connecticut Department of Mental Health and Addiction Services and their officers, directors, trustees, employees, and agents, from any and all claims or liability in any way based on or arising from the acquisition or use of any tape, sound, image, or information obtained hereunder. This release specifically includes, but is not limited to, any and all claims of liability as to the use or distribution of my voice and image by entities other than CVH or DMHAS with respect to disclosures made prior to receipt by CVH or DMHAS of a written notice of withdrawal of this Consent and Release.

I certify that I have read the foregoing, fully understand it, and execute it of my own free will.

Witness
Print Name: _____
Date: _____

Releasing Party
Print Name: _____
Date: _____

DH/kl