CVH-612 **CONNECTICUT VALLEY HOSPITAL**
Rev 4/08 **CONSENT TO EXHIBIT ARTWORK**
CONSENT TO PHOTOGRAPH/VIDEOTAPING

Patient Name: _____

MPI Number: _____
Print or Addressograph Imprint

Artwork Exhibit

I hereby give permission for Connecticut Valley Hospital to exhibit my artwork.

Location: CVH Campus or Artwork Events approved by CVH/DMHAS

Date(s): Artwork Exhibits as scheduled or Artwork Displays in various locations throughout the Campus (*example: Page Hall Treatment Center)*

I also give permission for my name to be displayed with the artwork.

This will be done by either:

- A label identifying the artwork, materials and my name, or
- Displayed if identified on the artwork (*only if artist has signed his/her name to the artwork*).

Photograph - Videotaping

Events:	CVH Campus/Unit Events (*examples: Holiday Celebrations, Patient Picnic, Dances, etc.*) CVH Approved Off-Ground Activities/Events (*example: NAMI Walk*)
Purpose:	Patient Use: Documentary of Patient Events and Educational/Recovery Opportunities Hospital Staff Use: Education/Training Patient Feed-Back Video for Treatment Purposes - Lieberman Model
Location:	CVH *and* CVH Off-Ground Activities/Events

I hereby authorize Connecticut Valley Hospital to photograph/videotape me under the above described events. **I understand that these photographs and/or videotape recordings may be:**

- viewed by other patients and staff,
- posted on the units as a photo documentary in memorial of the above described events,
- used for Education/Training/Recovery Opportunities, however,
- will not be released outside of CVH or used for any other purpose without written authorization of the patient(s) in the photograph/video tape recording.

Event or condition upon which this authorization expires or date: _____
(*If blank, authorization will expire 12 months from date of signature below*.)

Signature of Patient (*or Legal Representative*): _____ Date: _____

_____ _____ Date: _____
Witness Signature Witness Printed Name

CANCELLATION/REVOCATION: _____ _____
Patient/Legal Representative Signature Date

File in Legal/Fiscal Section of the Medical Record