

MONTEREY COUNTY



DEPARTMENT OF HEALTH RAY BULLICK, Director

ADMINISTRATION
ANIMAL SERVICES
BEHAVIORAL HEALTH

CLINIC SERVICES
COMMUNITY HEALTH
EMERGENCY MEDICAL SERVICES

ENVIRONMENTAL HEALTH
OFFICE OF THE HEALTH OFFICER
PUBLIC GUARDIAN

BEHAVIORAL HEALTH BUREAU CONSENT TO PHOTOGRAPH/VIDEO TAPE

The undersigned hereby authorizes the Monterey County Health Department, Behavioral Health Bureau and the attending clinician to photograph/film or permit other persons to photograph/film:

(Name of Consumer)

in the course of receiving services from the Bureau, and agrees that the negative or prints prepared from such photographs/film may be used for the following purposes only:

Consumer/parent/guardian (print name and signature)

If signed by other than consumer, indicate relationship

Date: _____

Time: _____

Witness (print name and signature)

Date: _____

Time: _____