PUBLIC HEALTH DIVISION CENTER FOR HEALTH PROTECTION Oregon Psilocybin Services



http://oregon.gov/psilocybin

Consent for Video and Audio Recording of Administration Sessions - Individual Administration Session

Instructions: Recording of individual administration sessions is optional and requires prior written consent from every client and facilitator who will be present during a recorded administration session. Please use this form to document both client and facilitator consent to being recorded during the administration session. Administration sessions are not allowed to be recorded without prior written consent from every client and facilitator present during the administration session. A separate form must be used for each individual administration session.

Administration sessions must be recorded using service center equipment. Service centers are responsible for retaining and maintaining confidentiality of recordings pursuant to the requirements of OAR 333-333-4640. Clients may view the recordings at the service center location upon request.

Clients and facilitators must provide separate written consent using an <u>Authorization to Disclose Personal Identifiable Information</u> to allow recordings to be published, shared, or otherwise distributed.

Clients and facilitators may withdraw their consent to record an administration session at any time prior to beginning an administrative session.

| Client Name: _ | |
|---------------------------------|--|
| | |
| Facilitator Name: | |
| | |
| Service Center Name: | |
| | |
| Date of Administration Session: | |

| I consent to the following recordings of my administration session occurring on the date and location identified above: |
|---|
| |
| \square I consent to both video and audio recording. |
| ☐ I consent to video recording only. |
| \square I consent to audio recording only. |
| |
| Client Signature: |
| Date: |
| |
| Facilitator Signature: |
| Date: |