PUBLIC HEALTH DIVISION CENTER FOR HEALTH PROTECTION Oregon Psilocybin Services

http://oregon.gov/psilocybin



CONSENT FOR VIDEO AND AUDIO RECORDING OF ADMINISTRATION SESSIONS Group Administration Session

Instructions: Recording of group administration sessions is optional and requires prior written consent from every client, facilitator and client support person who will be present during a recorded administration session. Please complete this form for each client, facilitator and client support person attending the group administration session. Administration sessions are not allowed to be recorded without prior written consent from every client, facilitator and client support person present during the administration session. A separate form must be completed for each group 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, facilitators, and client support persons may view the recordings at the service center location upon request. If the service center wants to publish, share or otherwise distribute the recordings, every client, facilitator and client support person must provide separate written consent using an Authorization to Disclose Personal Identifiable Information form.

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

Individual Name:	
Service Center Name:	
Date of Administration Session:	

PUBLIC HEALTH DIVISION CENTER FOR HEALTH PROTECTION Oregon Psilocybin Services



http://oregon.gov/psilocybin

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.
\square I consent to video recording only.
☐ I consent to audio recording only.
Signature:
Date: