

**AUTHORIZATION TO RECORD  
(AUDIO/VISUAL) RESIDENT ON PERSONAL DEVICE AND STATEMENT OF  
RESIDENT RIGHTS**

Resident Name:		
Address:		
DOB:	MRN:	

All residents have the right to privacy and confidentiality and to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion for all aspects of care and services.

Unless specifically authorized by the resident, the Facility strictly prohibits all staff, independent contractors, and volunteers from taking unauthorized photographs or recordings of residents using any type of equipment (e.g., cameras, smart phones, and other electronic devices) and/or keeping or distributing them through multimedia messages or on social media networks.

A photograph or recording of a resident, or the manner that it is used, may not be used to demean or humiliate a resident, regardless of whether the resident provided consent and regardless of the resident's cognitive status. This includes, but is not limited to, photographs and recordings of residents that contain nudity, sexual and intimate relations, bathing, showering, toileting, providing perineal care such as after an incontinence episode, agitating a resident to solicit a response, derogatory statements directed to the resident, showing a body part without the resident's face whether it is the chest, limbs, or back, labeling resident's pictures and/or providing comments in a demeaning manner, directing a resident to use inappropriate language, and showing the resident in a compromised position.

- 1.** I hereby authorize the Facility or any of its staff to take photographs or other audio-visual images or materials at my request or the request of my visitor or family member. The photograph or audio-visual image may be taken on my personal device or a device belonging to my visitor or family member.
- 2.** Please check off if applicable:  
    \_\_\_ I hereby authorize the Facility or any of its staff to take photographs or other audio-visual images for use on the facility's social media or other marketing materials
- 3.** This authorization shall remain in effect until either:  
    Expiration Date \_\_\_\_\_  
    Expiration Event \_\_\_\_\_
- 4.** I understand that I have the right to revoke this authorization, in writing, at any time, except to the extent that the Facility's staff have acted in reliance upon it, by sending written notification to the applicable Facility staff.
- 5.** I understand that I have the right to refuse to sign this authorization.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident's Personal Representative

\_\_\_\_\_  
Description of the representative's authority  
to act on behalf of the resident