

NORTHERN NEVADA ADULT MENTAL HEALTH
POLICY AND PROCEDURE

SUBJECT: CONSUMER PARTICIPATION IN MEDIA INTERVIEWING/FILMING

NUMBER: NN-RI-21

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ORIGINAL DATE: 03/06/08

REVIEW/REVISE DATE: 3/17/11

APPROVAL: Rosalyn Reynolds {s}, Agency Director

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I. PURPOSE

The purpose of this policy is to provide consumer education and protection as to their right to have their words and/or image shared with the public through the media.

II. POLICY

It is the policy of Northern Nevada Adult Mental Health Services (NNAMHS) that all consumers will be asked to give written consent before their word and/or image are captured on film for any purpose but especially for public broadcast.

III. REFERENCES

NNAMHS Policy NN-LD-01 Media Contacts/Events

IV. PROCEDURE

1. If a consumer(s) is asked by NNAMHS staff to participate in a media interview/film, they will be educated as to the following points:

- They are free to refuse to have their words and/or image captured on film or to be broadcast
  - They will suffer no repercussion from NNAMHS treatment providers for refusing such media exposure
  - If they agree to be filmed/interviewed, they will be told what audience will view the tape (general public in a specific city, a student class at a specific school, etc.) and for what purpose
  - They will be assured that they are free to answer or refuse to answer any question on tape, as they choose
2. The consumer will be asked to sign a consent form to document they have received the above information (attached).
  3. If a large event is to be filmed, the consumers present will be told by microphone that there will be media present and they are free to stay behind the camera (not be filmed) and free not to speak to reporters if they are not comfortable doing so. Media staff will be instructed to honor these wishes.

**Consent for Film/Photography/Videotaping (For Media or Educational Purposes)**

Consumer's Name: \_\_\_\_\_

Identification Number: \_\_\_\_\_

I hereby give my consent to have photographs, videotaped images, or other images made of myself or my family member and/or consent to interviews with a member of the news media or a representative of NNAMHS. I understand and agree that these images may be used by the news media or by \_\_\_\_\_ for the purpose outlined below:

\_\_\_\_\_

It has been explained to me that I am free to choose not to do this interview/filming and that I will suffer no repercussions from my treatment providers at NNAMHS. I know that my friends and family in the community may see this interview/film on TV. I know that I am free to answer any questions only with the information I am comfortable sharing.

|                                  |       |                    |       |
|----------------------------------|-------|--------------------|-------|
| _____                            | _____ | _____              | _____ |
| Signature:                       | Date  | Signature: Witness | Date  |
| Consumer or Legal Representative |       |                    |       |