

SHIAWASSEE COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
POLICY AND PROCEDURE MANUAL

Section: Recipient Rights
Policy Number: 10
Subject: **Fingerprinting, Audio Taping, and
Photographing of Recipients, or Use of
One Way Glass**

Effective Date: 10/9/95
Last Revision Date: 5/9/16
Page: 1 of 3

Policy

It is the policy of Shiawassee County Community Mental Health Authority (SCCMHA) that no recipient will be fingerprinted or photographed as a precondition to obtaining or participating in a Board-sponsored program, activity or service.

It is also the policy of SCCMHA with regard to recipients that fingerprinting, photographing, audio taping, or use of one way glass may be carried out only under the standards set forth in this policy.

Purpose

To ensure the protection of rights of recipients of SCCMHA.

To ensure compliance with the Michigan Mental Health Code and the Michigan Department of Health and Human Services Administrative Rules.

Application

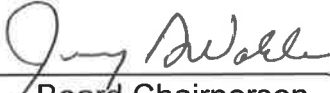
This policy applies to all employees, independent contractors, and contract agencies of SCCMHA.

Standards


1. For the purposes of this policy, "photograph" includes the use of still, motion picture, audio and video tape cameras. Photographs also include the use of pictures or video taken on cell phones or other recording devices.
2. Fingerprints or photographs may be taken and used in order to determine the identity of a recipient if he/she is unable to provide information as to identification. This procedure will be performed only when written consent is obtained from the recipient, the recipient's guardian or a parent of a recipient who is a minor and when identification is necessary to provide services to the recipient.

Subject: **Fingerprinting, Audio Taping, and Photographing of Recipients, or Use of One Way Glass**

3. Recipients will not be required to participate in the development of press releases or publications about a Board-sponsored program, activity or service. Voluntary participation in such activities, which may include photographs, will be documented by a signed consent form in the recipient's record.
4. Photographs, audio taping, or use of one way glass for clinical education or training purposes may occur only when written consent is obtained from the recipient if he/she is 18 years of age or more and competent to consent, the recipient's guardian if legally empowered to give such consent, or a parent of a recipient who is a minor.
5. A photograph of a recipient will not be taken and used for informational or purely personal or social purposes if the recipient has indicated his/her objection.
6. The responsible clinical staff and/or Person Centered Team will annually review the need to keep any fingerprints or photograph(s) of the recipient.
7. The responsible clinical staff person will inform the Program Directors or their designees of any program, service or activity in which the recipient is enrolled or takes part and where the fingerprints, audio tapes or photograph(s) of the recipient are filed. The fingerprints or photograph(s) and any copies are to be destroyed or given to the recipient when they are no longer essential for meeting the objective for which they were obtained or when the recipient is discharged from or otherwise discontinues Board-sponsored services.
8. Fingerprints, audio tapes or photographs of a recipient obtained from sources external to SCCMHA and through informed written consent of the recipient, the recipient's guardian if legally empowered to give such consent, or a parent of a recipient who is a minor, may be used for purposes of identification, education or training and may be made part of the recipient's record.
9. A recipient, a recipient's guardian, or a parent of a recipient who is a minor may revoke a consent given hereunder. If a recipient, a recipient's guardian, or a parent of a recipient who is a minor revokes a consent given hereunder, the responsible clinical staff person will request that the revocation of consent be in writing. If the recipient, the recipient's guardian, or the parent of a recipient who is a minor refuses to put the revocation of consent in writing, the responsible clinical staff person will document the verbal revocation in the recipient's record.

Approved by: 
Board Chairperson

9-26-2016
Date


Chief Executive Officer

9/28/16
Date

Review/Revision Dates:

Date:	By:
12/19/95, 1/13/97, 8/3/98, 2/12/01,	Revisions
1996-2008	Board reviewed
4/2/09	New formatting
11/22/10	Revised by Becke Browne
7/21/11	Reviewed by Recipient Rights Advisory Committee
7/19/12	Reviewed by Recipient Rights Advisory Committee
10/17/13	Reviewed by Recipient Rights Advisory Committee
12/11/14	Reviewed by Recipient Rights Advisory Committee
01/21/16	Annual Review by Recipient Rights Advisory Committee
5/9/16	Revised by Rebecca Browne