



MACOMB COUNTY

COMMUNITY MENTAL HEALTH

Subject: Communications	Procedure: Media Permission and Authorization	
Last Updated: 11/18/2025	Owner: Communications Coordinator	Pages: 3

I. PURPOSE:

To establish the operational guidelines for obtaining consent from persons served (both adult and youth) for the collection and use of photos, videos, audio recordings, written testimonials, and other media for educational, marketing, testimonial, or public relations purposes.

II. DEFINITIONS:

A. Media

Photos, videos, sound recordings, quotes, testimonials, writings, etc.

B. Media Permission

A formal consent to capture a person's image, voice, or content for media use and disclosure or promotional media.

C. Media Authorizations

A written HIPAA-compliant authorization that grants MCCMH the right to use or distribute media content containing the protected health information of a person served.

III. PROCEDURE:

A. MCCMH team members shall provide or make available the following forms when obtaining consent from a person served and their authorized representative, as applicable, for the purpose of sharing their experience or utilizing photographs, video, audio recordings, or other media for educational, marketing, testimonial, or public relations purposes.

- **MCCMH Permission to Capture Photos, Video, Sound, or Other Recordings** (Exhibit A): This form specifies the type of Media to be taken/captured, its intended purpose, any limitations, the duration of consent, applicable rights, scope of consent, and ownership of produced works.
- **Media Authorization to Use and Disclose Confidential Information** (Exhibit B). This authorization permits MCCMH to use and/or disclose the Media taken or captured to the public through various channels, such as MCCMH's website, social media platforms, media publications, and other formats. This includes, but is not limited to, Protected Health Information (PHI).

- B. MCCMH team members responsible for obtaining consent or authorization shall, upon request, provide an explanation of the details of the forms in order to assist the persons served and authorized representative, if applicable, with fully understanding the information presented.
- C. MCCMH team members shall verify that all required sections of the form, including signatures, are properly completed.
- D. If the individual is a minor, both the youth served and their legally empowered parent(s) or legal guardian must sign the form. In cases where the individual is deceased, legally incapacitated, or developmentally disabled, the authorized representative must sign and present valid proof of authority, such as court-certified letters of authority, a valid subpoena or court order, a durable power of attorney, or a patient advocate designation.
- E. Completion of the forms is voluntary, and treatment, payment or eligibility will not be affected if the person served /authorized representative does not sign the forms. Questions regarding the forms may be directed to compliance@mcsmh.net and communications@mcsmh.net.
- F. Once both forms are signed, the MCCMH team member must:
 - 1. Provide the person served/authorized representative with a copy; and
 - 2. Submit the documents to the Communications and Compliance Departments, who will then forward them to the Records Department for filing.
- G. The forms (Exhibits A and B) are intended exclusively for situations where the Media collected is not for treatment or services or is not essential for health care operations. This procedure is not connected to Media used for treatment, payment, enrollment, medical necessity reviews, auditing, authorizations, or any other health care operational functions. Its purpose is solely for educational, marketing, testimonial, or public relations purposes.
- H. Refer to MCO Policy 9-630, "Fingerprinting, Photographing, Audio Recording, Video Recording, And One-Way Glass Viewing," for information regarding Media intended to be a part of a person's clinical record designated record set.

IV. REFERENCES:

- A. Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- B. 42 CFR Part 2
- C. MCL 300.1748
- D. MCL 330.1724

V. RELATED POLICIES:

- A. MCCMH Policy 9-630, "Fingerprinting, Photographing, Audio Recording, Video Recording, And One-Way Glass Viewing"
- B. MCCMH Policy 6-001, "Release of Confidential Information"

VI. EXHIBITS:

- A. MCCMH Permission to Capture Photos Video Sound or Other Recordings, effective 11-2025
- B. MCCMH Media Authorization to Use and Disclose Confidential Information, effective 8-2025

Annual Review Attestation / Revision History:

Revision #:	Revision/Review Date:	Revision Summary:	Reviewer/Reviser:
1	11/17/2025	Creation of Procedure.	Communications Coordinator