

NorthCare Network

1230 Wilson St.
Marquette, Michigan 49855

FPE Audio/Video Release

DATE: _____

Name: _____ DOB: _____

Address: _____

This release is solely for the purpose of audio/video recording of Family Psychoeducation (FPE) sessions to be used for professional training and supervision. Written informed consent is required from the recipient, recipient's guardian, or recipients parent with legal custody if recipient is under age 18.

The recording will be viewed by regional FPE teams across NorthCare Network and the contracted FPE supervisor.

This consent is for the one time recording of the FPE session on the following date: _____.

I understand that I am giving my consent for the recording of FPE group, taking place on the above date, to be used for the purpose of training FPE teams across NorthCare Network. (initial) _____

I understand that this video will be shared through a secure online SharePoint site, allowing for the region to view the video for training purposes; and that this video will be removed from said site after one year. (initial) _____

I understand that consent to video is voluntary and I have the right to refuse video/audio recording without retribution. (initial) _____.

Individual's Signature: _____
(Please sign if you are your own guardian) _____ Date

Legal Guardian's Signature: _____
(If applicable; please print and sign) _____ Date

Staff Signature: _____
_____ Date



Customer Service: 888-333-8030 or (906) 225-7254
Admin. Fax (906) 232-1070 Clinical Fax: (906) 232-1071 SUD Fax: (248) 406-1286
www.northcarenetwork.org
To Request Behavioral Health Services Call: 888-906-9060

