Blue Umbrella Psychiatry
6100 Griffin Rd. 2nd Floor
Davie, FL - 33314-4416

**Audio & Video Recording Disclosure & Consent

PURPOSE OF RECORDING effective: 11/2026

At Blue Umbrella Psychiatry (BUP), patient safety, privacy, and quality of care are important priorities.
BUP utilizes audio and video recording equipment in designated clinical rooms primarily to support patient and staff safety, clinical supervision, professional training, education, and treatment monitoring.
These recordings provide an additional layer of protection and may serve as a resource for clinical guidance, professional development, or review of a specific incident when necessary.
Recording does not mean that appointments are continuously watched or routinely reviewed. With the exception of necessary patient monitoring during ketamine treatment, recordings are generally reviewed only when there is an appropriate safety, clinical, supervisory, educational, or quality assurance reason.

DESIGNATED RECORDING AREAS

Audio and video recording takes place in the following designated clinical rooms:
Dr. Eric Robbins' Office — Psychiatric Evaluations
Recording supports patient and provider safety, clinical oversight, and quality assurance during psychiatric evaluations involving children, adolescents, and adults.
Owen Rogers' Office — Medication Management
Recording supports clinical supervision, professional training, provider development, and quality assurance during medication management appointments involving children, adolescents, and adults.
Luciana Wimbish's Office — Individual, Child, and Family Appointments
Recording supports clinical supervision, education, professional training, and patient and staff safety during individual, child, parent, and family appointments.
Ketamine Treatment Rooms — Treatment and Safety Monitoring
Recording supports patient safety, clinical observation, treatment monitoring, and review of safety-related incidents.
Ketamine treatment rooms may be continuously monitored in real time by authorized clinical staff during treatment, particularly when staff must temporarily leave the room. This allows staff to maintain visual and auditory awareness of the patient and respond promptly when assistance is needed.
Recording is limited to designated recording-equipped rooms.

PRIVACY, CONFIDENTIALITY, AND ACCESS TO RECORDINGS

BUP recognizes that recordings may contain sensitive personal and medical information, including protected health information (PHI).
Protecting patient confidentiality is a priority, and recordings are maintained using appropriate privacy and security safeguards.
• Access is strictly limited to specifically authorized personnel with a legitimate clinical, safety, supervisory, training, educational, or quality assurance purpose.

• Recordings are not available for general staff access, casual viewing, or unrestricted review.

• Except for necessary ketamine treatment monitoring, recordings are not routinely watched or reviewed simply because they exist.

• Recordings may be reviewed to address a safety concern, evaluate a specific incident, provide clinical supervision, or support approved professional training.

• Recordings are securely stored and protected against unauthorized access, use, or disclosure.

• Recordings are not routinely provided to patients, family members, or other participants for personal viewing, playback, or copies. Requests for access will be reviewed in accordance with applicable legal requirements.

• Recordings will not be used for advertising, marketing, or social media without separate written authorization.

• Recordings will be retained, accessed, disclosed, and deleted in accordance with BUP's established policies and applicable federal and Florida laws.

The purpose of recording is to support safety, professional learning, and quality patient care, not to create an environment of unnecessary observation.

REQUIRED RECORDING CONSENT

I understand and acknowledge that:
1. Audio and video recording is a required component of appointments conducted in BUP's designated recording-equipped rooms.

2. Recording equipment may capture my image, voice, conversations, clinical interactions, and confidential medical information.

3. Recordings may include discussions regarding medical history, symptoms, diagnoses, medications, treatment, and other personal or health-related information.

4. Recordings may be reviewed by authorized personnel for the purposes described in this form.

5. Recordings are not routinely available for personal viewing or copying, except as provided by applicable law.

6. Ketamine treatment rooms may be continuously monitored by authorized clinical staff during treatment, including when staff must temporarily leave the room.

7. I have been informed of BUP's recording practices and have had an opportunity to ask questions before signing.

8. I understand that I may withdraw consent for future recording by notifying BUP and that withdrawal may affect the availability of appointments in designated recording-equipped rooms.

9. Withdrawal of consent does not automatically require deletion of recordings previously created with valid consent.

5. RECORDING OF PATIENTS AND ACCOMPANYING INDIVIDUALS
I understand that audio and video recording applies to appointments conducted in any of BUP's designated recording-equipped rooms, regardless of the patient's age or the type of appointment. This includes appointments involving children, adolescents, adults, parents, legal guardians, spouses, siblings, caregivers, and other individuals accompanying or participating in a patient's care.
Recordings may capture the images, voices, conversations, clinical interactions, and confidential information of all individuals present.
By signing this form, I acknowledge that:
• I have been informed that audio and video recording occurs in designated clinical rooms.

• I understand that recording may include all individuals present during the appointment.

• I affirmatively consent to the recording of my own image, voice, conversations, and participation.

• If signing as a parent or legal guardian, I consent on behalf of the minor patient to the extent permitted by applicable law.

• Any accompanying individual whose consent is legally required must also be informed and provide consent before recording begins.

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This single form is intended to document the recording disclosure and obtain the legally required consent of patients and accompanying participants without requiring separate consent documents for each individual.

PATIENT ACKNOWLEDGMENT AND CONSENT

By signing below, I acknowledge that: *

- ☐ I have read and understand BUP's Audio and Video Recording Disclosure & Consent Form.
- ☐ I understand which clinical areas utilize recording equipment and why.
- ☐ I understand that recordings may contain confidential medical information.
- ☐ I understand that access to recordings is restricted and that recordings are not intended for casual or routine viewing.
- ☐ I understand that ketamine treatment rooms may be continuously monitored by authorized clinical staff for patient safety.
- ☐ I understand that recording is required for appointments conducted in designated recording-equipped rooms.
- ☐ I have had an opportunity to ask questions regarding BUP's recording practices.

I knowingly and affirmatively consent to Blue Umbrella Psychiatry recording my image, voice, conversations, and clinical interactions during appointments conducted in the designated recording-equipped areas described in this form, for the purposes stated above. *

☐ Yes ☐ No

Name * _____

PATIENT SIGNATURE * _____

Date * _____

Parent/Legal Guardian Name (if applicable): _____

Parent/Legal Guardian Signature: _____

Relationship to Patient: _____

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ACCOMPANYING PARTICIPANTS CONSENT ON THE SAME FORM

Each accompanying adult participant signing below acknowledges the recording practices disclosed in this form and consents to audio and video recording of their own participation.

Participant Name: _____

Relationship to Patient _____

SIGNATURE _____