	DEPARTMENT OF PUBLIC SAFETY CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE: MAR 02 2009	POLICY NO.: COR.14.18
		SUPERSEDES (Policy No. & Date): MAY 31, 1995	
	SUBJECT: INMATE CONSENT TO BE INTERVIEWED, PHOTOGRAPHED, AND/OR VIDEOTAPED		Page 1 of 2

1.0 PURPOSE

To establish procedures for inmate's consent to have photographs, videotapes, and interviews of themselves taken and released to the Department of Public Safety, other agencies, or the media.

2.0 REFERENCES AND DEFINITIONS

.1 References

- a. HRS 353C-2 Power and Duties of the Director of Public Safety.
- b. HRS 353.6(4); Section 26-14.6, Department of Public Safety.

.2 Definitions

- a. "Administrator" means an administrator of a division, facility, or a staff officer.
- b. "Agency" means any unit of government in this State, any county, or any combination of counties, department, institution, board, commission, district, council, bureau, office, governing authority, other instrumentality of state or county government; or corporation or other instrumentality of State or county government, or corporation or other establishment owned, operated or managed by or on behalf of their State or any county, but does not include the non-administrative functions of the courts of this State.
- c. "Employee" means all employees of the Department of Public Safety, except employees of the agencies administratively attached to the Department of Public Safety.
- d. "Inmate" means sentenced or non-sentenced (pre-trial detainees and those awaiting sentence) adults placed within the jurisdiction of the Department of Public Safety.
- e. "Media" refers to all representatives of newspaper, radio, television, magazine, and similar organizations, which publish, produce, and/or disseminate information to the public.
- f. "Public" includes all groups of people in the community.
- g. "Warden" is the working title of a Corrections Manager/Facility Administrator.
- h. "Witness" refers to the Department of Public Safety employee who observes and attests to the signing of a document.

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3.0 POLICY

To promote inmate achievement and expand public awareness of the Department's rehabilitative programs, participating inmates may be interviewed, photographed, and/or videotaped, and these documents released for use by agencies, the media, or within the Department. In accordance with the provisions of the corrections administrative rules, written consent of the inmate and approval of the warden must be obtained PRIOR to the initiating of and subsequent release of any of the above-mentioned documentations.

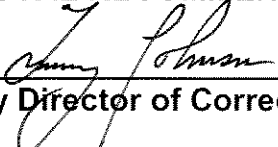
4.0 PROCEDURE

- .1 The attached form (Inmate Consent To Be Interviewed, Photographed and/or Videotaped) will include the inmate's name, social security number, name of facility where inmate is detained, date inmate signs form, name of agency, organization or media, and the purpose for conducting interview, taking photograph, and/or videotape, signed and dated by the inmate.
- .2 Witness shall be the supervisor of the facility program sponsoring the activity or a designated full-time Correctional employee who will sign and date the inmate Consent Form.
- .3 The Warden or designee will sign as approved or disapproved and date PRIOR TO interview, photograph and/or videotaping and releasing it.
- .4 The original signed statement will be retained in the inmate's institutional record.
- .5 A copy may be retained by the facility promoting the activity.

5.0 SCOPE

This policy applies to all correctional and community correctional facilities within the Department of Public Safety.

APPROVAL RECOMMENDED:

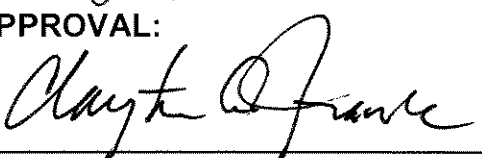


 Deputy Director of Corrections

2/26/09

 Date

APPROVAL:



 DIRECTOR

3/12/09

 Date

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

INMATE CONSENT TO BE INTERVIEWED,
PHOTOGRAPHED, AND/OR VIDEOTAPED

I _____, _____ / ____ / ____
(Inmate name-please print) (Social Security Number)

AM AN INMATE AT _____ I HEREBY AGREE TO BE INTERVIEWED,
(Facility Name)

PHOTOGRAPHED, AND/OR VIDEOTAPED ON _____
(Date)

BY _____
(Name of organization)

FOR _____
(State reason or purpose)

I UNDERSTAND THAT THE INTERVIEW, PHOTOGRAPHS, AND/OR VIDEOTAPE
BECOME THE SOLE POSSESSION OF THE ORGANIZATION NAMED ABOVE, AND
MAY BE REPRINTED OR RE-BROADCAST AT ANY TIME, FOR THE REASON OR
PURPOSE STATED, WITHOUT MY ADDITIONAL CONSENT, EVEN AFTER MY
RELEASE FROM INCARCERATION.

(Inmate Signature) (Date)

(Staff Witness Signature) (Date)

APPROVAL/DISAPPROVAL*

(Warden's Signature) (Date)

*(Reason for disapproval by Warden) _____