	DEPARTMENT OF CORRECTIONS AND REHABILITATION CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE: January 01, 2024	POLICY NO.: COR.14.18
		SUPERSEDES (Policy No. & Date): COR.14.18 of March 02, 2009	
	SUBJECT: INMATE CONSENT TO BE INTERVIEWED, PHOTOGRAPHED, AND/OR VIDEOTAPED		Page 1 of 3

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 Corrections and Rehabilitation, other agencies, or the media.

2.0 SCOPE

This policy shall apply to all correctional and community correctional facilities within the Department.

3.0 REFERENCES, DEFINITIONS & FORMS

.1 References

- a. Hawaii Revised Statutes (HRS) 353-A, Director of Corrections and Rehabilitation, Powers and Duties.
- b. HRS 353.6(4); Section 26-14.6, Department of Corrections and Rehabilitation.

.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 Corrections and Rehabilitation, except employees of the agencies administratively attached to the Department of Corrections and Rehabilitation.

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- d. "Inmate" means sentenced or non-sentenced (pre-trial detainees and those awaiting sentence) adults placed within the jurisdiction of the DCR.
- e. "Media" refers to all representatives of newspaper, radio, television, magazine, and similar organizations, that 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 DCR employee who observes and attests to the signing of a document.

4.0 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.

5.0 PROCEDURES


- .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.

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- .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.


APPROVAL RECOMMENDED:



Deputy Director for Corrections Date

JAN 0 1 2024

APPROVED:



DIRECTOR Date

JAN 0 1 2024

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STATE OF HAWAII
DEPARTMENT OF CORRECTIONS AND REHABILITATION

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

I, _____, SID: _____,
(Inmate's Name – Print)

am an inmate at _____. I hereby agree to be:

- Photographed on _____ by _____
- Videotaped on _____ by _____
- Interviewed on _____ by _____

Purpose: _____

I understand that the photographs, videotapes and/or interview 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. In accordance with Department of Corrections and Rehabilitation policy, I DO NOT consent to the posting, distribution and/or broadcast of the photographs, videotape and/or interview on social media such as Facebook, Instagram, Flickr, You Tube, blogs, etc.

Inmate Signature

Date

Staff Witness Signature

Date

APPROVED / DISAPPROVED

Warden Signature

Date

** Written approval from the Director of the Department of Corrections and Rehabilitation for the interview shall be attached to this consent form.*