Andrea Garcia <agarcia@norridge80.net>

FOIA Request - 5 ILCS 140/1

Michael Ayele <waacl13@gmail.com> Tue, May 19, 2026 at 9:54 AM
To: agarcia@norridge80.net
Cc: "Michael Ayele (W)" <waacl13@gmail.com>

W (AACL) Date.: Tuesday, May 19, 2026
Michael A. Ayele
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Freedom of Information Act (FOIA) Request

Hello,

This is Michael A. Ayele sending this message though I now go by W. I am writing this letter for the purpose of filing a FOIA request with Norridge School District 80. The bases for this non-commercial records request are [1] the decision of the United States government to designate the month of May as "*Mental Health Awareness Month*" [i] and [2] the National Council on Disability (NCD) January 20, 2000 report entitled "*From Privileges to Rights: People Labelled with Psychiatric Disabilities Speak for Themselves.*" [ii]

I) Requested Records

What I am requesting for prompt disclosure are records in your possession detailing your discussions about [1] Mental Health Awareness Month as an event which (i) is held annually in May; (ii) serves to amplify the voices of people labelled with psychiatric disabilities; (iii) serves to shed light on the "*medical treatment*" provided by "*mental health facilities*" to people labelled with psychiatric disabilities; (iv) has adopted the following theme for Calendar Year 2026: "*More Good Days, Together;*" [2] the manner in which your school district has commemorated Mental Health Awareness Month in Calendar Year 2026 (or in the years prior 2026); [3] the National Council on Disability (NCD) as a federal agency of the United States government which had on (or around) January 20, 2000 published a report recognizing that (i) people labelled with psychiatric disabilities frequently "*have their freedoms taken away without ever being convicted of a crime;*" (ii) people labelled with psychiatric disabilities are frequently "*incarcerated with minimal or no respect for their due process rights;*" (iii) people labelled with psychiatric disability are "*systematically and routinely deprived of their rights, and treated as less than full citizens or full human beings;*" (iv) people labelled with psychiatric disabilities are very frequently alone when they question practices such as involuntary commitment, forced drugging, segregation both in institutions and community programs, and the routine use of restraint and seclusion; (v) "*the manner in which American society treats people with psychiatric disabilities constitutes a national emergency and a national disgrace*;" (vi) "*the use of involuntary treatments such as forced drugging and inpatient and outpatient commitment laws should be viewed as inherently suspect and as incompatible with the principles of self-determination;*" (vii) "*aversive treatment that involve the infliction of pain or the restriction of movement for purposes of changing behavior should be banned;*" [iii] [4] Michael A. Ayele (a.k.a.) W as a Black Bachelor of Arts (B.A) Degree graduate of Westminster College (Fulton, Missouri) and a former Missouri healthcare employee (listed on Missouri's Accountability Portal) who has witnessed his written content being subjected to frenzy before they were very inappropriately filtered and distorted on internet search engines (ISE) such as AOL, Bing/MSN, Google and Yahoo following his decision (i) to unconditionally and unequivocally condemn the forcible administration of psychotropic drugs; (ii) to recognize that forcibly

injecting a person with Thorazine is very much akin to tampering with a woman's alcohol beverage by adding a date rape drug such as Rohypnol (flunitrazepam), GHB (gamma hydroxybutyric acid) and Ketamine; [5] the decision of the AOL and Bing/MSN search engines to filter and distort Michael A. Ayele (a.k.a) W's FOIA Request NCD 2022 – 01 by generating unwelcome and unapproved queries such as "*Michael Ayele Lawsuit," "Michael Ayele Habeas Corpus," "Michael Ayele Views on Schizophrenia," "Michael Ayele missing," "Michael Ayele Defamation," "Michael Ayele Mental Health Awareness Month,"* [6] Michael Francis Moore as a Michigan born internationally renowned film producer who had in Calendar Year 2015 released a documentary depicting how (i) the carceral system in Norway neither incited nor encouraged violence; (ii) the carceral system in Norway actively sought to break the cycle of violence; (iii) the carceral system in Norway actively sought to rehabilitate people even if they were convicted of serious crimes such as murder; (iv) individuals in Norway convicted of murder have access to knives, Television, computers, the latest Xbox consoles (as well as other goods and services) while in prison; (v) the prison conditions in the United States of America (U.S.A) are very much encouraging and inciting of violence because of systemic racism; (vi) the carceral system in the U.S.A (in contrast to that of Norway) is not interested in breaking the cycle of violence; (vii) the carceral system in the U.S.A (in contrast to that of Norway) is very much focused on retribution, punishment and the settling of personal scores instead of rehabilitation; (viii) violence committed against Black people in American prisons should be viewed as inherently suspect. [iv]

II) Request for a Fee Waiver and Expedited Processing

Expedited Processing for this records request is justified because:

1) The National Council on Disability (NCD) has on (or around) January 20, 2000 published a report recognizing that (i) people labelled with psychiatric disabilities frequently "*have their freedoms taken away without ever being convicted of a crime;"* (ii) people labelled with psychiatric disabilities are frequently "*incarcerated with minimal or no respect for their due process rights;*" (iii) people labelled with psychiatric disability are "*systematically and routinely deprived of their rights, and treated as less than full citizens or full human beings;"* (iv) people labelled with psychiatric disabilities are very frequently alone when they question practices such as involuntary commitment, forced drugging, segregation both in institutions and community programs, and the routine use of restraint and seclusion; (v) "*the manner in which American society treats people with psychiatric disabilities constitutes a national emergency and a national disgrace*;" (vi) "*the use of involuntary treatments such as forced drugging and inpatient and outpatient commitment laws should be viewed as inherently suspect and as incompatible with the principles of self-determination;"* (vii) "*aversive treatment that involve the infliction of pain or the restriction of movement for purposes of changing behavior should be banned."*
2) Michael A. Ayele (a.k.a.) W is a Black Bachelor of Arts (B.A.) Degree graduate of Westminster College (Fulton, Missouri) and a former Missouri state government employee who has in the mid-2010s witnessed many of the shocking practices that were described in the NCD January 20, 2000 report.
3) Michael A. Ayele (a.k.a.) W is a Black B.A. Degree graduate of Westminster College (Fulton, Missouri) and a former Missouri state government employee who has in the mid-2010s expressed written objections upon witnessing many of the shocking practices that were described in the NCD January 20, 2000 report.
4) Michael A. Ayele (a.k.a.) W is a Black B.A. Degree graduate of Westminster College (Fulton, Missouri) and a former Missouri state government employee who has (in the month of January 2022) corresponded with the NCD about many of the shocking practices he witnessed in the mid-2010s when he was last living in the United States of America (U.S.A).
5) Michael A. Ayele (a.k.a.) W is a Black B.A. Degree graduate of Westminster College (Fulton, Missouri) and a former Missouri state government employee who was subjected to frenzy on internet search engines (ISE) such as AOL, Bing/MSN, Google and Yahoo following his decision to publish his correspondence with the NCD on the subject of their January 20, 2000 report entitled "*From Privileges to Rights: People Labelled with Psychiatric Disabilities Speak for Themselves."*
6) Michael A. Ayele (a.k.a.) W is a Black B.A. Degree graduate of Westminster College (Fulton, Missouri) and a former Missouri state government employee who has witnessed his correspondence with the NCD (on the subject of their January 20, 2000 report) being filtered and distorted by internet search engines such as AOL, Bing/MSN, Google and Yahoo.

7) The issues raised in this records request (as well as the issues raised in the NCD January 20, 2000 report) put into question the government's integrity about the way that people are treated in the U.S.A on account of their gender, their racial backgrounds, their national origins and their disability status.
8) The requested records will shed light upon the manner in which Michael A. Ayele (a.k.a.) W's correspondence with the NCD on the subject of their January 20, 2000 report was filtered and distorted on search engines such as AOL, Bing/MSN, Google and Yahoo.

The public has a compelling and legitimate interest in this information because:

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1) On (or around) October 29, 2021, the American Psychological Association (APA) had issued an apology for their complicity in exacerbating racism in American society and government. When issuing their October 29, 2021 apology, the APA publicly recognized that the "*discipline of psychology"* (i) "*has since its origins as a scientific discipline in the mid-19th century, contributed to the dispossession, displacement, and exploitation of communities of color;*" (ii) has "*contributed to the financial wealth gap and social class disparities experienced by many communities of colors;"* (iii) "*was complicit in contributing to systemic inequities, and hurt many through racism, racial discrimination, and denigration of color;"* (iv) has for a long time throughout its history failed to recognize that "*racial inequities result from laws, systems, policies, practices, and cultural narratives that reflect racial bias and white supremacist ideology;"* (v) has for a long time throughout its history failed to recognize that race "*is a social construct with no underlying genetic or biological basis;"* (vi) has for a long time throughout its history failed to condemn "*racism in all forms for its destructive psychological, social, educational and economic effects on human rights and human welfare throughout the lifespan;"* (vii) has for a long time throughout its history "*promulgated ideas of human hierarchy through the construction, study, and interpretation of racial differences;"* (viii) has for a long time throughout its history "*participated in, and disseminated scientific models and approaches rooted in scientific racism;"* (ix) has for a long time throughout its history promoted pseudoscientific movements such as "*eugenics*" to "*support segregation, sterilization, and antimarriage laws."* ***[v]***
2) Approximately 8 (eight) months before issuing their public apology, the APA had in the month of February 2021 recognized that (i) "*racism is not limited to racist ideas, attributions, expectations, assumptions, and behaviors held by individuals;"* (ii) "*racism has been an enduring, insidious, and pervasive feature of the United States (U.S.) landscape;"* (iii) *"racism has shaped and undermined almost every aspect of U.S society, including our laws, policies, educational systems, customs, and cultural narratives, weakening our political and civil institutions and creating many political and social fissures;"* (iv) "***racism intersects with other social and personal identities (e.g., age, gender, sexual orientation, religion, ability status, socioeconomic status, etc.) in ways that compound experiences of oppression among diverse groups in the form of sexism****, heterosexism, ableism;"* (v) "*white privilege is unearned power that is afforded to white people on the basis of status rather than earned merit and protects white people from the consequences of being racist and benefitting from systemic racism."* ***[vi]***
3) The requested records will enable the public to ascertain if your school district has commemorated the month of May as "*Mental Health Awareness Month"* by bringing to the forefront of public attention the systemic racism and discrimination encountered by people labelled with psychiatric disabilities.
4) The requested records will enable the public to ascertain if your school district has commemorated Mental Health Awareness Month by bringing to the forefront of public attention the experiences of Black / African American healthcare workers who have experienced (or witnessed) racism and/or discrimination in psychiatric hospital settings.
5) The requested records will enable the public to ascertain if your school district has commemorated Mental Health Awareness Month by bringing to the forefront of public attention the experiences of Black / African American healthcare workers who were retaliated upon for

speaking out and/or taking legal actions against the racism and/or discrimination they have experienced (or witnessed) in psychiatric hospital settings.

6) The requested records will enable the public to ascertain if your school district has held conversations about the NCD January 20, 2000 report which recognized that (i) people labelled with psychiatric disabilities frequently "*have their freedoms taken away without ever being convicted of a crime;"* (ii) people labelled with psychiatric disabilities are frequently "*incarcerated with minimal or no respect for their due process rights;*" (iii) people labelled with psychiatric disability are "*systematically and routinely deprived of their rights, and treated as less than full citizens or full human beings;"* (iv) people labelled with psychiatric disabilities are very frequently alone when they question practices such as involuntary commitment, forced drugging, segregation both in institutions and community programs, and the routine use of restraint and seclusion; (v) "*the manner in which American society treats people with psychiatric disabilities constitutes a national emergency and a national disgrace*;" (vi) "*the use of involuntary treatments such as forced drugging and inpatient and outpatient commitment laws should be viewed as inherently suspect and as incompatible with the principles of self-determination;"* (vii) "*aversive treatment that involve the infliction of pain or the restriction of movement for purposes of changing behavior should be banned."*

7) The requested records will shed light on the justification American so-called "*healthcare professionals"* rely upon to explain their forcible administration of psychotropic drugs upon people with disabilities (PWD) as well as people who don't have a disability. [vii]

8) The requested records will shed light upon Michael A. Ayele (a.k.a.) W's correspondence with the Missouri Department of Mental Health (MODMH) about the justification they rely upon to explain their forcible administration of psychotropic drugs upon people with disabilities (PWD) as well as people who don't have a disability. [viii]

9) The requested records will shed light upon the manner in which internet search engines (ISE) such as AOL, Bing/MSN, Google and Yahoo have filtered and distorted Michael Ayele (a.k.a.) W's written publications by generating unwelcome and unapproved queries such as "*Michael Ayele Title VII," "Michael Ayele Lawsuit," "Michael Ayele Habeas Corpus," "Michael Ayele Views on Schizophrenia," "Michael Ayele missing," "Michael Ayele Defamation," "Michael Ayele Mental Health Awareness Month."* [ix]

10) The requested records will enable the public to ascertain if your school district has previously streamed (and discussed) Michael Moore's 2015 documentary entitled "*Where to Invade Next?"*

11) The requested records will shed light on prison conditions in Norway and the U.S.A: two highly developed countries with vastly different approaches on how to deal with individuals convicted of very serious crimes (such as murder).

In my judgment, the facts presented in my request for a fee waiver and expedited processing will significantly decrease public confidence [1] in the so-called "*mental health institutions"* that forcibly administer psychotropic drugs on people with disabilities (PWD) as well as other people who don't have a disability; [2] in those who have in the past actively sought to excuse and legitimize the forcible administration of psychotropic drugs. Therefore, I (as a former Missouri healthcare worker) would like to take this opportunity unconditionally and unequivocally condemn the backwards medical practice of forcibly administering psychotropic drugs (whether such practices are happening in the State of New York or the State of Virginia or the State of Maryland or the State of Missouri or the State of Texas or the State of Arizona or the State of California or the District of Columbia or elsewhere).

In my opinion, the facts presented in my request for a fee waiver and expedited processing will also significantly decrease public confidence in the activities, the engagements and the priorities of internet search engines (ISE) such as AOL, Bing/MSN, Google and Yahoo because they have previously filtered, distorted and misattributed Michael A. Ayele (a.k.a.) W's correspondence with the National Council on Disability (NCD) on the subject of their January 20, 2000 report entitled "*From Privileges to Rights: People Labelled with Psychiatric Disabilities Speak for Themselves."* Unfortunately, I regret to inform you that the decision of ISE to filter, distort and misattribute Michael A. Ayele (a.k.a.) W's written publications on the forcible administration of psychotropic drugs [1] was not an isolated incident, but part of a repeated pattern; [2] has served to undermine transparency and accountability in psychiatric hospital settings that use coercion in an effort to change behavior; [3] has exacerbated racism and

discrimination online, causing direct harm to the name, the image and the likeness of Michael A. Ayele (a.k.a.) W.

As a former Missouri healthcare worker, I agree with the NCD conclusion that the forcible administration of psychotropic drugs should be viewed suspiciously because [1] the practice itself is very much akin to tampering with a woman's alcohol beverage by adding a date rape drug such as Rohypnol (flunitrazepam) and/or GHB (gamma hydroxybutyric acid) and/or Ketamine;[x] [2] prison conditions in the United States of America (U.S.A) are not those in Norway. For instance, the use of the racial slur "*N****r*" is very much encouraging and inciting of violence. However, in many prison settings of the U.S.A, the use of this racial slur has become common place and goes on without consequence. Anecdotally, while I was employed for the Missouri Department of Mental Health (MODMH) Fulton State Hospital (FSH), I was called a "*N****r*" by a white patient/prisoner before I was physically attacked (by that same patient/prisoner). After this incident had transpired, I verbally told my colleagues at the MODMH that I didn't want to be referred to as a "*N****r*" and if ever in the future, I was physically attacked after being called a "*N****r,*" I would defend myself. In the days and weeks after this incident at the MODMH (FSH), I was effectively demoted and I became a "*float employee*" no longer routinely assigned to the Program for Recovery, Initiation and Self-Motivation (PRISM) at the now-defunct Biggs Forensic Center (BFC). In my Calendar Year 2013 performance evaluation paperwork, staff personnel at the MODMH even noted how I had said that I would defend myself to justify the reason for my demotion. However, in that paperwork that "*explained*" my demotion, there's no mention of me being called a "*N****r*" and being physically attacked by a white patient/prisoner even though there's audio and video footage of this incident which was recorded by my former employers.[xi] After I became a "*float employee,*" I learned that the white patient who had called me a "*N****r*" and attacked me was calling other Black / African American staff personnel "*N****rs*" before physically attacking them.

Overall, I do believe that the American carceral system needs to be able to accommodate Black / African American employees who [1] are as a matter of principle opposed to the forcible administration of psychotropic drugs; [2] don't want to be referred to as "*N****rs.*" Failing to do otherwise will only exacerbate violence while further fostering mistrust and resentment. The example of Norway's prison system, as shown in Michael Moore's 2015 documentary *Where to Invade Next*, demonstrates that carceral environments can effectively prioritize rehabilitation, dignity, and the reduction of violence. In other words, there's no trade-off between treating people humanely and maintaining public safety: prisons that respect autonomy, enforce dignity, and focus on breaking cycles of harm prevent radicalization, reduce recidivism, and stop minor offenders from emerging embittered and predisposed to committing more serious crimes. By contrast, systems that rely on coercion, abuse, and dehumanization not only fail to rehabilitate, they actively create the conditions for further distrust, hostility, and destructive behavior.

Implementing the recommendations of the NCD January 20, 2000 report is critically important because they provide a clear blueprint for creating correctional facilities that prioritize public safety, human dignity, and patient autonomy. Indeed, these recommendations emphasize how involuntary treatments and coercive interventions are counterproductive (in addition to being ethically unacceptable) because of their tendency to undermine trust while at the same time fostering resentment, encouraging radicalization, and increasing the likelihood that minor offenders will reoffend or escalate to more serious criminal behavior. As noted by the NCD in their January 20, 2000 report, breaking cycles of harm and strengthening positive staff-inmate relationships (in order to have "***More Good Days Together***") requires that [1] the "*use of involuntary treatment such as forced drugging (…) be viewed as inherently suspect;*" [2] "*aversive treatment that involve the infliction of pain or the restriction of movement for purposes of changing behavior be banned.*"

The core issues presented in this records request are as follows. 1) Have you had conversations about Mental Health Awareness Month as an event that is held annually in May? If yes, will you promptly disclose those records? 2) Have you had conversations about Mental Health Awareness Month as an event which serves to amplify the voices of people labelled with psychiatric disabilities? If yes, will you

promptly disclose those records? 3) Have you had conversations about Mental Health Awareness Month as an event which serves to shed light upon the "*medical treatment"* that is provided to people labelled with psychiatric disabilities? If yes, will you promptly disclose those records? 4) Have you had conversations about Mental Health Awareness Month as an event which has adopted the following theme for Calendar Year 2026: "*More Good Days, Together?"* If yes, will you promptly disclose those records? 5) Has your school district previously commemorated Mental Health Awareness Month in Calendar Year 2026 (or in the years prior to 2026)? If yes, will you promptly disclose those records? 6) Have you had conversations about the National Council on Disability (NCD) as a federal agency of the United States government which had on (or around) January 20, 2000 recognized that people labelled with psychiatric disabilities frequently "*have their freedoms taken away without ever being convicted of a crime?"* If yes, will you promptly disclose those records? 7) Have you had conversations about the NCD as a federal agency of the United States government which had on (or around) January 20, 2000 recognized that people labelled with psychiatric disabilities are frequently "*incarcerated with minimal or no respect for their due process rights?*" If yes, will you promptly disclose those records? 8) Have you had conversations about the NCD as a federal agency of the United States government which had on (or around) January 20, 2000 recognized that people labelled with psychiatric disability are "*systematically and routinely deprived of their rights, and treated as less than full citizens or full human beings?"* If yes, will you promptly disclose those records? 9) Have you had conversations about the NCD as a federal agency of the United States government which had on (or around) January 20, 2000 recognized that people labelled with psychiatric disabilities are very frequently alone when they question practices such as involuntary commitment, forced drugging, segregation both in institutions and community programs, and the routine use of restraint and seclusion? If yes, will you promptly disclose those records? 10) Have you had conversations about the NCD as a federal agency of the United States government which had on (or around) January 20, 2000 recognized that "*the manner in which American society treats people with psychiatric disabilities constitutes a national emergency and a national disgrace*?" If yes, will you promptly disclose those records? 11) Have you had conversations about the NCD as a federal agency of the United States government which had on (or around) January 20, 2000 recognized that "*the use of involuntary treatments such as forced drugging and inpatient and outpatient commitment laws should be viewed as inherently suspect and as incompatible with the principles of self-determination?"* If yes, will you promptly disclose those records? 12) Have you had conversations about the NCD as a federal agency of the United States government which had on (or around) January 20, 2000 recognized that "*aversive treatment that involve the infliction of pain or the restriction of movement for purposes of changing behavior should be banned?"* If yes, will you promptly disclose those records? 13) Have you had conversations about Michael A. Ayele (a.k.a.) W as a Black Bachelor of Arts (B.A.) Degree graduate of Westminster College (Fulton, Missouri) and a former Missouri healthcare employee (listed on Missouri's Accountability Portal) who has witnessed his written content being subjected to frenzy before they were very inappropriately filtered and distorted on internet search engines (ISE) such as AOL, Bing/MSN, Google and Yahoo following his decision to unconditionally and unequivocally condemn the forcible administration of psychotropic drugs? If yes, will you promptly disclose those records? 14) Have you had conversations about Michael A. Ayele (a.k.a.) W as a Black B.A. Degree graduate of Westminster College (Fulton, Missouri) and a former Missouri healthcare employee (listed on Missouri's Accountability Portal) who has witnessed his written content being subjected to frenzy before they were very inappropriately filtered and distorted on ISE such as AOL, Bing/MSN, Google and Yahoo following his decision to recognize that forcibly injecting a person with Thorazine is very much akin to tampering with a woman's alcohol beverage by adding a date rape drug such as Rohypnol (flunitrazepam), GHB (gamma hydroxybutyric acid) and Ketamine? If yes, will you promptly disclose those records? 15) Have you had conversations about Michael A. Ayele (a.k.a.) W as a Black B.A. Degree graduate of Westminster College (Fulton, Missouri) and a former Missouri healthcare employee (listed on Missouri's Accountability Portal) who has never in the past contacted employees and legal representatives of the AOL, Bing/MSN, Google and Yahoo internet search engines (ISE) to demand that they generate cues such as "*Michael Ayele Lawsuit," "Michael Ayele Habeas Corpus," "Michael Ayele Views on Schizophrenia," "Michael Ayele missing," "Michael Ayele Defamation," "Michael Ayele Mental Health Awareness Month?"* If yes, will you promptly disclose those records? 16) Have you had conversations about the decision of the AOL and Bing/MSN search engines

to filter and distort Michael A. Ayele (a.k.a.) W's FOIA Request NCD 2022 – 01 by generating unwelcome and unapproved queries such as "*Michael Ayele Lawsuit,*" "*Michael Ayele Habeas Corpus,*" "*Michael Ayele Views on Schizophrenia,*" "*Michael Ayele missing,*" "*Michael Ayele Defamation,*" "*Michael Ayele Mental Health Awareness Month?*" If yes, will you promptly disclose those records? 17) Have you had conversations about Michael Francis Moore as a Michigan born internationally renowned film producer who had in Calendar Year 2015 released a documentary depicting how the carceral system in Norway neither incited nor encouraged violence? If yes, will you promptly disclose those records? 18) Have you had conversations about Michael Francis Moore as a Michigan born internationally renowned film producer who had in Calendar Year 2016 released a documentary depicting how the carceral system in Norway actively sought to break the cycle of violence? If yes, will you promptly disclose those records? 19) Have you had conversations about Michael Francis Moore as a Michigan born internationally renowned film producer who had in Calendar Year 2015 released a documentary depicting how the carceral system in Norway actively sought to rehabilitate people even if they were convicted of serious crimes such as murder? If yes, will you promptly disclose those records? 20) Have you had conversations about Michael Francis Moore as a Michigan born internationally renowned film producer who had in Calendar Year 2015 released a documentary depicting how individuals in Norway convicted of murder have access to knives, Television, computers, the latest X-Box consoles (as well as other goods and services) while in prison? If yes, will you promptly disclose those records? 21) Have you had conversations about Michael Francis Moore as a Michigan born internationally renowned film producer who had in Calendar Year 2015 released a documentary depicting how the prison conditions in the United States of America (U.S.A) are very much encouraging and inciting of violence because of systemic racism? If yes, will you promptly disclose those records? 22) Have you had conversations about Michael Francis Moore as a Michigan born internationally renowned film producer who had in Calendar Year 2015 released a documentary strongly implying that the prison conditions in the U.S.A. are very much encouraging and inciting of violence because of the frequent use of the racial slur "*N****r?*" If yes, will you promptly disclose those records? 23) Have you had conversations about Michael Francis Moore as a Michigan born internationally renowned film producer who had in Calendar Year 2015 released a documentary depicting how the carceral system in the U.S.A (in contrast to that of Norway) is not interested in breaking the cycle of violence? If yes, will you promptly disclose those records? 24) Have you had conversations about Michael Francis Moore as a Michigan born internationally renowned film producer who had in Calendar Year 2015 released a documentary depicting how the carceral system in the U.S.A (in contrast to that of Norway) is very much focused on retribution, punishment and the settling of personal scores instead of rehabilitation? If yes, will you promptly disclose those records? 25) Have you had conversations about Michael Francis Moore as a Michigan born internationally renowned film producer who had in Calendar Year 2015 released a documentary depicting how violence committed against Black people in American prisons should be viewed as inherently suspect? If yes, will you promptly disclose those records?

Thank you for your attention to this matter.

Be well. Take care. Keep yourselves at arms distance.

Michael A. Ayele (a.k.a) W
Anti-Racist Human Rights Activist
Audio-Visual Media Analyst
Anti-Propaganda Journalist

Work Cited

[i] *Mental Health America founded Mental Health Awareness Month in 1949 and has led the effort every May to promote mental wellness nationwide.*

This year's them – More Good Days, Together – encourages us all to reflect on what a "good" day looks like, both for ourselves, and for our communities. Together, we can use that insight to connect people to the right support at the right time, and shape advocacy, education, and community engagement to make more good days possible for all. Mental Health Month 2026. https://mhanational.org/mental-health-month/#:~:text=Mental%20Health%20America%20founded%20Mental,ourselves%2C%20and%20for%20our%20communities.

[ii] *The National Council on Disability (NCD) is an independent federal agency mandated to make recommendations to the President and Congress on disability issues. NCD generally does its work in a cross-disability manner, emphasizing that people with disabilities should be the ones who make the major decisions about their lives. NCD endorses and supports the principles of independent living, which has achieved the success it has because it is rooted in two unwavering principles: self-determination and consumer direction.*

People with psychiatric disabilities are routinely deprived of their rights in a way no other disability group has been. ***In order to learn more about the problems of psychiatric disability, NCD conducted a hearing specifically on this topic. At the hearing, held in Albany, New York, in November 1998, NCD heard testimony from mental health professionals, lawyers, advocates, and relatives of people with psychiatric disabilities. However, unlike most investigations on the topic of psychiatric disability, the primary participants in this hearing were people with psychiatric disabilities themselves, who testified passionately and eloquently both about the mistreatment they had experienced or witnessed, and their proposals for real and viable change. NCD heard testimony graphically describing how people with psychiatric disabilities have been beaten, shocked, isolated, incarcerated, restricted, raped, deprived of food and bathroom privileges, and physically and psychologically abused in institutions and in their communities. The testimony pointed to the inescapable fact that people with psychiatric disabilities are systematically and routinely deprived of their rights, and treated as less than full citizens or full human beings.*** *(…)*

Based on the testimony it received, NCD has concluded that the manner in which American society treats people with psychiatric disabilities constitutes a national emergency and a national disgrace. Because people with psychiatric disabilities are routinely deprived of their most fundamental rights, NCD believes that drastic change is necessary in a number of systems that deal with this population. Changes must be made not only in the mental health system, but in the criminal and civil justice systems, housing, income supports, education, job training, and many others, so that people with psychiatric disabilities are guaranteed their fundamental rights as American citizens. *(…)*

NCD has also concluded that one of the reasons public policy concerning psychiatric disability is so different from that concerning other disabilities is the systematic exclusion of people with psychiatric disabilities from policymaking. It is rare that people with psychiatric disabilities are heard in public-policy forums, and when they are, it is usually in token numbers. NCD's hearing was unique because it focused its attention on the direct experiences of people with psychiatric disabilities themselves, and their calls for fundamental change.

The foremost change that is needed, as referred to by speaker after speaker, is the elimination of coercion from the provision of mental health services. Involuntary commitment and forced treatment, which often go unquestioned in discussions of mental

health policy, were described again and again as being among the most painful and difficult experiences of people's lives. In addition, coercion was repeatedly noted as being a barrier to seeking out voluntary treatment, since people knew that once they entered the treatment system they could be coerced or involuntarily committed at any point. At a time when American citizens are being urged to do away with the stigma of mental illness and to voluntarily seek treatment for emotional difficulties, it becomes particularly important to ensure that people are able to do so without surrendering their fundamental rights.

Therefore, NCD recommends that the use of involuntary treatments, such as forced drugging and inpatient and outpatient commitment laws, should be viewed as inherently suspect and as incompatible with the principles of self-determination. Public policy should be directed toward establishing a totally voluntary mental health system.

NCD also recommends that aversive treatments, which involve the infliction of pain or the restriction of movement for purposes of changing behavior, should be banned, since they are also incompatible with self-determination principles. Practices that would often be illegal if administered to people without disabilities are routinely used on people with psychiatric disabilities in the name of "treatment." Such practices should shock the consciences of all Americans. National Council on Disability (NCD). January 20th 2000. From Privileges to Rights: People Labeled With Psychiatric Disabilities Speak for Themselves. Pages 1 – 4. https://www.ncd.gov/report/from-privileges-to-rights-people-labeled-with-psychiatric-disabilities-speak-for-themselves/

[iii] ***The recommendations that follow center on the importance of self-determination, dignity, and choice as the cornerstone of public policy for people in this highly disempowered population. As Congress stated when it passed ADA, disability is a natural part of the human experience that in no way should limit the ability of people to make choices, pursue meaningful careers, live independently, and participate fully in all aspects of American society.*** *NCD believes that these recommendations, if implemented, would help to ensure that the public policy goals articulated in ADA become a reality for people labeled with psychiatric disabilities in the United States.*

Therefore, NCD has developed 10 core recommendations in this report. *These policy recommendations should be viewed from the context of the larger report, which follows. These deeply held core beliefs form, however, a dynamic backdrop to highlight the human and civil rights of people who have experienced the mental health system, people who should be viewed as the true experts on their experiences, beliefs, and values, which should be used as a guiding force for changing public policy related to these issues in America.*

1) ***Laws that allow the use of involuntary treatments such as forced drugging and inpatient and outpatient commitment should be viewed as inherently suspect, because they are incompatible with the principle of self-determination. Public policy needs to move in the direction of a totally voluntary community-based mental health system that safeguards human dignity and respects individual autonomy.***
2) ***People labeled with psychiatric disabilities should have a major role in the direction and control of programs and services designed for their benefit. This central role must be played by people labeled with psychiatric disabilities themselves, and should not be confused with the roles that family members, professional advocates, and others often play when "consumer" input is sought.***
3) ***Mental health treatment should be about healing, not punishment. Accordingly, the use of aversive treatments, including physical and chemical restraints, seclusion, and similar techniques that restrict freedom of movement, should be banned. Also, public policy should move toward the elimination of electro-convulsive therapy and***

psycho surgery as unproven and inherently inhumane procedures. Effective humane alternatives to these techniques exist now and should be promoted.

4) ***Federal research and demonstration resources should place a higher priority on the development of culturally appropriate alternatives to the medical and biochemical approaches to treatment of people labeled with psychiatric disabilities, including self-help, peer support, and other consumer/survivor-driven alternatives to the traditional mental health system.***

5) ***Eligibility for services in the community should never be contingent on participation in treatment programs. People labeled with psychiatric disabilities should be able to select from a menu of independently available services and programs, including mental health services, housing, vocational training, and job placement, and should be free to reject any service or program. Moreover, in part in response to the Supreme Court's decision in Olmstead v. L C., State and federal governments should work with people labeled with psychiatric disabilities and others receiving publicly-funded care in institutions to expand culturally appropriate home- and community-based supports so that people are able to leave institutional care and, if they choose, access an effective, flexible, consumer/survivor-driven system of supports and services in the community.***

6) ***Employment and training and vocational rehabilitation programs must account for the wide range of abilities, skills, knowledge, and experience of people labeled with psychiatric disabilities by administering programs that are highly individualized and responsive to the abilities, preferences, and personal goals of program participants.***

7) ***Federal income support programs like Supplemental Security Income and Social Security Disability Insurance should provide flexible and work-friendly support options so that people with episodic or unpredictable disabilities are not required to participate in the current "all or nothing" federal disability benefit system, often at the expense of pursuing their employment goals.***

8) ***To assure that parity laws do not make it easier to force people into accepting "treatments" they do not want, it is critical that these laws define parity only in terms of voluntary treatments and services.***

9) ***Government civil rights enforcement agencies and publicly-funded advocacy organizations should work more closely together and with adequate funding to implement effectively critical existing laws like the Americans with Disabilities Act, Fair Housing Act, Civil Rights of Institutionalized Persons Act, Protection and Advocacy for Individuals with Mental Illness Act, and Individuals with Disabilities Education Act, giving people labeled with psychiatric disabilities a central role in setting the priorities for enforcement and implementation of these laws.***

10) ***Federal, state, and local governments, including education, health care, social services, juvenile justice, and civil rights enforcement agencies, must work together to reduce the placement of children and young adults with disabilities, particularly those labeled seriously emotionally disturbed, in correctional facilities and other segregated settings. These placements are often harmful, inconsistent with the federally-protected right to a free and appropriate public education, and unnecessary if timely, coordinated, family-centered supports and services are made available in mainstream settings.***

National Council on Disability (NCD). January 20th 2000. From Privileges to Rights: People Labeled with Psychiatric Disabilities Speak for Themselves. Pages 5 - 6. https://www.ncd.gov/report/from-privileges-to-rights-people-labeled-with-psychiatric-disabilities-speak-for-themselves/

[iv] Excerpt Video Footage from Michael Moore's Documentary Entitled "*Where to Invade Next?"* Prisons in Norway. YouTube.: https://www.youtube.com/watch?v=0IepJqxRCZY

Excerpt Video Footage from Michael Moore's Documentary Entitled "*Where to Invade Next?"* The War on Drugs. YouTube.: https://www.youtube.com/watch?v=cd7Dc9KTy20

[v] APA Apologizes for Longstanding Contributions to Systemic Racism.: https://www.apa.org/news/press/releases/2021/10/apology-systemic-racism

[vi] American Psychological Association (APA) Resolution on Harnessing Psychology to Combat Racism: Adopting a Uniform Definition and Understanding. February 2021. https://www.apa.org/about/policy/resolution-combat-racism.pdf

[vii] ***Misconceptions about dangerousness are among the justifications that allow the maltreatment and abuse of people with psychiatric disabilities. With the exception of people with psychiatric disabilities themselves, few people question such routine practices as involuntary commitment, forced drugging, segregation both in institutions and community programs, and the routine use of restraint and seclusion.*** *In order to learn more about the problems of psychiatric disability, the National Council on Disability (NCD) conducted a hearing specifically on this topic. At the hearing, held in Albany, New York, in November 1998, NCD heard testimony from mental health professionals, lawyers, advocates, and relatives of people with psychiatric disabilities. However, unlike most investigations on the topic of psychiatric disability, the primary participants in this hearing were people with psychiatric disabilities themselves, who testified passionately and eloquently both about the mistreatment they had experienced or witnessed, and their proposals for real and viable change. NCD heard testimony graphically describing how people with psychiatric disabilities have been beaten, shocked, isolated, incarcerated, restricted, raped, deprived of access to food and bathroom facilities, and physically and psychologically abused in institutions and in their communities. The testimony pointed to the inescapable fact that people with psychiatric disabilities are systematically and routinely deprived of their rights and treated as less than full citizens or full human beings.*

People with psychiatric disabilities are the only Americans who can have their freedom taken away and be institutionalized or incarcerated without being convicted of a crime and with minimal or no respect for their due process rights. They are the only Americans who can routinely be forced to submit to medical treatments against their will. When people with psychiatric disabilities die in facilities that are supposed to serve and protect them, their deaths are rarely investigated, and even when they are, criminal charges are rarely filed. This not happening in some Third World country. This is happening every day in the United States, and such practices are generally ignored or defended by mental health professionals, political leadership, and the media.

Involuntary treatment is extremely rare outside the psychiatric system, allowable only in such cases as unconsciousness or the inability to communicate. People with psychiatric disabilities, on the other hand, even when they vigorously protest treatments they do not want, are routinely subjected to them anyway, on the justification that they "lack insight" or are unable to recognize their need for treatment because of their "mental illness." In

practice, "lack of insight" becomes disagreement with the treating professional, and people who disagree are labeled "noncompliant" or "uncooperative with treatment." After years of contact with a system that routinely does not recognize their preferences or desires, many people with psychiatric disabilities become resigned to their fate and cease to protest openly. Although this is described in the psychiatric literature as "compliance," it is actually learned helplessness (also known as "internalized oppression") that is incompatible with hope and with the possibility of recovery.

Traditionally, involuntary commitment has involved the loss of liberty and confinement in a facility. However, more recently the concept of involuntary outpatient commitment (IOC) has become more widespread. (…) IOC involves court-ordered treatment (almost always medication) for people who do not meet the standards for inpatient commitment (physical dangerousness to self or others). With more states enacting IOC laws, more people with psychiatric disabilities are being forced to take medications and treatments that can be painful and debilitating. At the same time, the desire of many people labeled with psychiatric disabilities for voluntary services that affect their real-life needs (such as housing, job training, and social support) seldom receive adequate funding. One of the consequences of IOC laws is that they often take money from voluntary programs that promote independence and redirect it toward ever more restrictive and punitive programs.

Antiquated public policy priorities based on the medical model play key roles in perpetuating these injustices. These policies have been shaped without any meaningful participation by people labeled with psychiatric disabilities. America must listen to the eloquent voices of people who live with psychiatric disabilities, and accept them as the real experts who can create humane and empowering public policies dedicated to the ideals of independent living—self-determination and consumer direction. *(…)*

Anyone with a psychiatric disability, in fact anyone deemed by a mental health professional or police officer with little or no training to have such a disability, can be legally deprived of their freedom simply with an order from a judge, law officer, or medical professional. The due process procedures to challenge those decisions, and the laws and agencies that are supposed to protect and defend the legal rights of people affected by such orders, are often inadequate, ineffective, underfunded, inaccessible, or disregarded. Even when people are entitled to hearings, these are usually brief, and representation by counsel is often inadequate or nonexistent. The Protection and Advocacy for Individuals with Mental Illness (PAIMI) program of the federally funded Protection and Advocacy (P&A) system is underfunded and inadequate because of statutory limitations to protect people labeled with psychiatric disabilities from abuse and neglect. Further, the PAIMI program itself, in common with other elements of the services system for people labeled with psychiatric disabilities, has little input from the people it is supposed to serve, nor do many agencies reach out to people in recovery to seek their input. Once the system fails them and they are defined as "mentally ill," people labeled with psychiatric disabilities are isolated from and ignored by society. *(…)*

A 1997 report by the California P&A describes a pattern of improper seclusion and restraint use from 1994 to 1996 at Napa State Hospital (NSH), one of four state hospitals operated by the California Department of Mental Health. Incidents included:

- *the death of a deaf man with a physical disability who was improperly restrained in a chair;*
- *the unlawful restraint of two children with hearing impairments in their beds; and*
- *the seclusion of a child with a hearing impairment in a closet full of soiled linens.*

For more than a year and a half, one unit at the hospital repeatedly secluded patients. When the abuse was finally reported by a staff member, the shift leader successfully encouraged other staff to engage

in a cover-up, and to lie to management and Napa State Hospital's (NSH's) senior special investigator during the institution's initial internal investigation. P&A investigators also determined that the facility's primary law enforcement officer responsible for investigating the alleged abuse failed to conduct a minimally adequate investigation into the seclusion practices on the unit. The report concluded that both felonies and misdemeanors, including assault, battery, false imprisonment, criminal conspiracy, child endangerment, and corporal punishment of a child may have been committed by NSH employees. But no criminal charges were filed… National Council on Disability (NCD). January 20th 2000. From Privileges to Rights: People Labeled With Psychiatric Disabilities Speak for Themselves. Pages 10 - 18. https://www.ncd.gov/report/from-privileges-to-rights-people-labeled-with-psychiatric-disabilities-speak-for-themselves/

[viii] Excerpt of Emails Sent by Michael A. Ayele (a.k.a) W on (or around) September 12, 2021 and September 20, 2021 to the Missouri Department of Mental Health (MODMH) Fulton State Hospital (FSH)

Hello,

I am writing this letter in response to your correspondence from August 26, 2021. (…) Please be advised that I have concerns about the records you have disclosed on August 26, 2021 because of the language used by the Director of the Division of Behavioral Health (DBH) about the involuntary administration of psychotropic drugs. As a former employee of the DMH (FSH), I have (personally) found the language used by the Director of the DBH to be broad, unclear, and extremely vague. For instance, the Director of the DBH has noted that "all patients in the Department of Mental Health (DMH) facilities may be administered psychotropic medication on an involuntary basis when a determination of emergency is made by appropriate clinical personnel at the facility. An emergency exists where there is reasonable likelihood of imminent physical harm and/or life-threatening behavior to the patient or others. The treating provider who prescribes the psychotropic medication shall document the circumstances of the emergency, the facts surrounding the medication need, and why involuntary psychotropic medication is considered the least restrictive treatment. A new order shall be written for each emergency dose. (...) Patients admitted for Inpatient Pre-Trial Evaluations pursuant to Section 552.020, RSMo, and detainees pursuant to Section 632.480 et seq., RSMo., may not be medicated, absent an emergency, without either the consent of the patient or expressed written consent from the committing court. The psychiatrist must communicate the desire to medicate such a patient to a designated assistant general counsel, who will communicate with the committing court and obtain a written order from the judge. (...) The Clinical Due Process hearing will be repeated every 6 months if the patient still needs to be involuntarily medicated or until the patient is discharged from the facility." (…)

As a former employee of the DMH (FSH), I have several concerns about the language used by the Director of the DBH for failing to clearly state that employees and legal representatives of the DMH will not use force in administering psychotropic drugs onto patients/prisoners who are not posing harm to themselves and others if they do not consent to taking drugs prescribed by a doctor for their alleged mental disorders/intellectual disabilities. As you have correctly noted in the records you have disclosed to me, the forcible administration of psychotropic drugs has the potential to re-traumatize people who may have been victims of a violent crime (especially if the use of force is without appropriate medical and legal basis to justify).

On a personal level, I do think it would be absurd if medical doctors would force the administration of pills such as Paracetamol upon patients suffering from a headache (who wish for their pain to go away without taking pharmaceutical drugs). Therefore, the forcible use of psychotropic drugs onto patients/prisoners of the DMH (who are not posing an immediate danger to themselves/others) is just as bizarre as medical doctors looking to forcibly administer Paracetamol onto patients wishing for their headaches to go away

without taking pharmaceutical drugs (including but not limited to Paracetamol).

On my end, I must caution you to refrain from forcibly administering psychotropic drugs upon patients/prisoners not posing harm to themselves and others if they do not wish to be on such drugs. I would also advise you to submit video and audio evidence of patients/prisoners posing harm to themselves and others before any hearing where employees and legal representatives of the DMH are considering the drastic measure of forcibly administering psychotropic drugs.

Lastly, I would like to convey to you the concerns I have about the eagerness of the Director of the DBH to put non-violent people through the emotionally and financially draining process of guardianship. For example, the Director of the DBH has previously noted that if patients are "determined to lack adequate mental capacity but are not imminently dangerous, clinicians shall proceed by filing for guardianship." [In my opinion, this directive issued by the Director of the DBH is inconsistent with the National Council on Disability (NCD) January 20, 2000 report which recommended that "people labeled with psychiatric disabilities should have a major role in the direction and control of programs and services designed for their benefit. This central role must be played by people labeled with psychiatric disabilities themselves, and should not be confused with the roles that family members, professional advocates, and others often play when "consumer" input is sought."]

[ix] Bing/MSN Unwelcome and Unapproved Query "*Michael Ayele Title VII.*" https://www.bing.com/search?q=michael+ayele+title+vii

Bing/MSN Unwelcome and Unapproved Query "*Michael Ayele Lawsuit.*" *https://www.bing.com/search?q=michael+ayele+lawsuit*

Bing/MSN Unwelcome and Unapproved Query "Michael Ayele Lawsuits." https://www.bing.com/search?q=Michael+ayele+lawsuits

Bing/MSN Unwelcome and Unapproved Query "*Michael Ayele Lawsuit Update.*" https://www.bing.com/search?q=Michael+ayele+lawsuit+update

Bing/MSN Unwelcome and Unapproved Query: "*Michael Ayele Habeas Corpus.*" *https://www.bing.com/search?q=Michael+Ayele+Habeas+Corpus*

Bing/MSN Unwelcome and Unapproved Query: "*Michael Ayele Views on Schizophrenia.*" *https://www.bing.com/search?q=Michael+Ayele+views+on+schizophrenia*

Bing/MSN Unwelcome and Unapproved Query: "*Michael Ayele Missing.*" *https://www.bing.com/search?q=michael+ayele+missing*

Bing/MSN Unwelcome and Unapproved Query: "*Michael Ayele Defamation.*" *https://www.bing.com/search?q=Michael+Ayele+Defamation*

Bing/MSN Unwelcome and Unapproved Query: "*Michael Ayele Mental Health Awareness Month.*" *https://www.bing.com/search?q=Michael+Ayele+Mental+Health+Awareness+Month*

[x] *Date rape drugs are any type of drug used to make rape or sexual assault easier. Alcohol is often used this way. Or date rape drugs can be put into a drink without you knowing. Drugs or alcohol can make a person confused about what is happening, less able to defend themselves against unwanted*

sexual contact, or unable to remember what happened. Nearly 11 million women in the United States have been raped while drunk, drugged, or high. If you've been assaulted, it is never your fault. Office on Women's Health. https://womenshealth.gov/a-z-topics/date-rape-drugs

[xi] Missouri Department of Mental Health (MODMH) Fulton State Hospital (FSH) Policy EC.02.23

PURPOSE: Prescribes policy and procedure for the use of electronic surveillance, recordings, and photography to insure safety, quality of care, and other purposes such as recreation, media, etc., while preserving privacy and dignity.

NOTE: The use of Audio/Video (AV) equipment shall not be used in lieu of 15-minute checks or 1:1 observation as called for in Hospital Policy PC.03.03, Seclusion and Restraint.

PROCEDURES:

A. Surveillance System:
    1. Camera and audio surveillance systems are set up in all centers to insure safety of clients and staff.
    2. Clearly posted signs shall inform all clients and staff of its use.
    3. Cameras run continuously, twenty-four hours per day.
    4. Access to the surveillance system or audio/video controls is limited to those with approval by the COO/designee.
    5. Rooms with cameras in them shall be used as the seclusion/restraint room when available.
    6. Electronic devices may be placed in the bedrooms of high-risk individuals as identified by the treatment team and approved by the head of the facility.

B. Should the surveillance system stop working:
    1. The Control Room will immediately call the Security Supervisor. The Supervisor will notify COO/designee, maintenance, and all other Security staff on duty. The Supervisor will evaluate the problem and call available staff if needed.
    2. All outside activities will cease and individuals participating in activities away from living areas will return to their living areas until notified of all clear. Exceptions can be approved by the COO/designee.
    3. Security will notify each living area of the problem with the cameras in such a way as to minimize knowledge of this being passed to clients.
    4. As soon as the problem is resolved, the living areas will be notified.
    5. In the event that there is only partial loss of the surveillance system, the Security Supervisor/designee will consult with the Director of Operations, Chief Nurse Executive/designee, and COO/designee regarding appropriate actions to be taken until the cameras function properly.

C. Recording from Surveillance system:
    1. Recordings of the AV surveillance is necessary. Recordings will be reviewed only under the direction of the COO/designee. Recordings may be viewed for the following reasons:
    a. Recordings may be reviewed for Staff Support calls, instances where injury has occurred to a client and/or staff, restraint/seclusion episodes, or situations where allegations of abuse/neglect or misconduct have been made.

- In an instance where a possible abuse/neglect or employee misconduct situation is identified, the video shall be secured and hospital policies for Chain of Evidence (EC.02.23) and Abuse and Neglect (LD.03.05) shall be followed immediately.
- Recordings that involve an investigation of abuse/neglect, inquiries, reviews, or others as requested by the COO will be kept permanently.

b. For Quality Improvement monitoring, at least two recordings per month of the incidents mentioned in (a) above will be viewed (as identified) by Administration. Changes to policy and procedure may be based on viewing of these recordings.

c. Recordings may be viewed for clinical, security, and safety purposes.

d. Recordings may be reviewed to help in coaching, mentoring, and/or supervision of staff.

e. Recordings may be viewed for the purpose of teaching staff. In this case, everyone involved who is identifiable will either have the identifiable images digitally obscured or their consent will be obtained.

- If the client agrees to the audio-video recording, the client or guardian, if applicable, or parents of minors shall sign the Consent to Audio-Video Recording and/or Photography of Clients (FSH-3310) form prior to the recording. The completed form shall be filed in the medical record.
- If the employee agrees to the audio-video recording, the employee shall sign the Consent to Audio-Video Recording and/or Photography of Employee (FSH-0164) form prior to the recording. The completed form shall be stored in a secure area.
- Recordings used for the purpose of training or education shall be stored in a location with restricted access.
- In all instances of recording related to educational purposes in which consent of the individual was required, this consent can be rescinded at any time.

D. When recordings are requested:

1. Video will be accessed via a terminal located in the Surveillance Room. Video will be stored in the designated folder on a network drive.
2. Any video which is archived to hard drive or CD/DVD is to be logged on the tracking form.
3. The log should be coded: Date, Time (specify AM/PM), Living area, camera # (Example: 043007/1137A/B11/411). This number shall be written in permanent marker (Sharpie, Magic Marker or felt pen) on any CD/DVD copy of the video. Any incident with an EMT number shall have that number written in permanent marker on any CD/DVD copy of the video.
4. Hospital Policy EC.02.23 Chain of Evidence shall be followed any time a video is removed from the camera room.
5. Video will be shared only under the direction of the COO/designee.
6. Video involved in a review or investigation shall be turned over to hospital administration and may also be secured in the Surveillance Room.

E. Other recording or photography:

1. Audio/Video recording or photography may be part of hospital-sponsored activities, special events, public information, media, attorneys, treatment, etc.
2. Anyone who engages in recording, filming, or photography (who is not already bound by the hospital’s confidentiality policy) must sign a confidentiality statement to protect the client’s identity and confidential information.
3. The use of audio-video recording and/or photography for recreational activities sponsored by the hospital or by approved client organization shall be conducted under the supervision of approved hospital staff. Employee consent is required for public viewing of these videos or photographs.

- Signed authorization of the staff shall be obtained using the Social Media Waiver form. Every effort will be made to exclude those individuals who do not wish to be recorded or photographed. In photographs that contain identifiable clients, the opportunity to view the pictures prior to display will be given.
- If an individual does not wish to have his/her picture displayed, their wishes shall be followed.
- Recordings or photographs used for recreational purposes, and not displayed, shall be stored in a restricted access location.

4. The use of audio-video recording and/or photography for the purpose of staff recruitment and public education about the hospital may only be conducted with the approval of the Chief Operating Officer and with written consent of any identifiable clients and staff.
5. News media personnel may be permitted to record and/or photograph the campus but only with consent of the COO. The personnel shall be accompanied by the Chief Operating Officer or designee.
6. Attorneys may be permitted to record and/or photograph their interactions with the client with consent of the client/guardian and COO/designee.
7. The use of audio-video recording of clients may be done as a part of treatment. Consent is required.
    - If the client agrees to the audio-video recording, the client or guardian, if applicable, or parents of minors shall sign the Consent to Audio-Video Recording and/or Photography of Clients (FSH-3310) form prior to the recording. The completed form shall be filed in the medical record.
    - In all instances of recording related to treatment purposes in which consent of the individual was required, this consent can be rescinded at any time.
    - Use of recording and availability to the client should be noted in the client's ITRP along with any treatment related information that will assist staff/client in its use.

Reference: *Chain of Evidence EC.02.23*