

**RELEASE AND AUTHORIZATION
FOR USE OR DISCLOSURE OF CONSUMER
TESTIMONIAL, PHOTOGRAPHIC AND/OR
VIDEO IMAGES**

Authorization:

I authorize the use and disclosure of my photographic/video images, and/or testimonial by The Whole Person (TWP). I understand that information disclosed pursuant to this authorization may be subject to redisclosure and may no longer be protected by HIPAA privacy regulations.

Purpose:

The photographic/video images and testimonials will be used for: Grants and Fundraising Appeals, Publicity, Promotions, Fundraiser Advertising, TWP Publications (such as website, social media, newsletters, annual reports) and Non-TWP print or electronic publications for the general public (such as newspapers and magazines).

Revocability:

I understand that I may revoke this authorization at any time, but such revocation must be in writing and received by TWP via registered mail. Revocation affects disclosure moving forward and is not retroactive. This authorization expires 25 years from the date signed.

No Service Conditions:

I understand that TWP cannot condition services on whether or not I sign this authorization.

Photo and Testimonial Authorization & Release Form

Please fill out information in ONE of the following sections (A, B, OR C)

A. CONSUMER OR PARTICIPANT RELEASE:

Printed Name of Consumer/Participant

Signature of Consumer/Participant Date

Date

B. PERSONAL REPRESENTATIVE RELEASE:

Printed Name of Consumer/Participant

Printed Name of Personal Representative

Signature of Personal Representative

Relationship to Consumer/Participant

Date

C. PARENT/LEGAL GUARDIAN OF A MINOR RELEASE:

Printed Name of Minor Consumer/Participant

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

FOR TWP USE ONLY:

Printed Name of TWP Staff Witness