

PERMISSION FOR RELEASE OF PHOTOGRAPHS/VIDEO IMAGES - 115 CMR 5.04(2)

SECTION I. Personal Information:

Individual's Name: _____

Phone: _____

Address: _____

Date of Birth: _____

SECTION II. Permission to Use Images: Check Box A. if you wish to give [Provider] ongoing permission to use **any** images of you. Check Box B. if you only wish to give [Provider] permission to use one or more **specific** images of you (and identify the images by digital description/number *e.g.* JPEG, GIF, PNG, or attach to this form). You may check both A. and B. if you wish to give [Provider] permission to use both specific images of you and ongoing permission to use any images of you.

A. I hereby provide my permission to [Provider] to use **any** photographic image(s) and/or video(s) of me for the following purposes:

B. I hereby provide my permission to [Provider] to use these **specific** photographic image(s) and/or video(s) of me (_____ identify here or attach to this form _____) for the following purposes:

Posting to the [Provider] Website and/or Social Media Accounts (*e.g.* Facebook, Twitter, Instagram, etc.). **Note:** social media posts may include personal information identifying me by name. I acknowledge that image(s) and/or video(s) posted on the internet can be viewed and downloaded by others and that social media posts may be shared or re-tweeted by other accounts once posted by the [Provider] and I hereby consent to the same.

Informational Brochures or Pamphlets

Photographic or Video Presentations for Public Display

Photographic or Video Presentations with Personal Information for Public Display

Other (Please Specify) _____

I am providing my permission for the ongoing use or disclosure of photographs, and images taken of me (or the individual for whom I am guardian) and that [Provider] does not have to obtain my permission for additional uses of my image(s) and/or information that I have authorized above during the term of this Permission for Release.

SECTION III. Written Consent. I understand that I can change my mind and cancel this permission at any time, but that such cancellation is forward-looking only, and will not affect information I already permitted to be released. If I revoke my permission, I must do so in writing and present it to the [Provider], staff or office authorized to use or disclose my images or information by this Permission for Release. I understand that once

the above image(s)/information is/are disclosed, recipient(s) may re-disclose it and the material may not be protected by federal or state privacy laws or regulations. I understand my consent to the use or disclosure of my image(s) or information is voluntary and I do not need to sign this form to continue to receive services from [Provider].

Signature of Individual or Guardian

Date

Print Name (and identify legal authority if signed by Guardian or other Legally-Authorized Representative)

My consent will expire _____ (date or event – must not exceed one year).

INSTRUCTIONS:

1. This form must be completed in full.
2. Ensure that the expiration date or event listed on page 2 is practical.
3. Distribution of copies: Original to [Provider]; copy to individual, guardian, or other legally authorized representative.