

PERMISSION FOR RELEASE OF PHOTOGRAPHS / VIDEO IMAGES

Effective Date: 8/12/2015

Policy #: SR-03a

Reviewed Date: 7/2016, 3/2017, 6/2022, 12/2023, 8/2024

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SECTION I. Personal Information:

Individual's Name: _____

Phone: _____

Address: _____

Date of Birth: _____

Northeast Arc Program _____

SECTION II. Permission to Use Images: Check Box A. if you wish to give Northeast Arc 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 Northeast Arc permission to use both specific images of you and ongoing permission to use any images of you.

A. ☐ I hereby provide my permission to Northeast Arc 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:

Choose purposes for approved images/videos from the following list:

☐ Posting to the Agency 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.



Policy & Procedure

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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 Northeast Arc, 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 Northeast Arc.

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 is practical.
3. Distribution of copies: Original to Northeast Arc; copy to individual, guardian, or other legally authorized representative.