

**PHOTO/MEDIA CONSENT FORM
AUTHORIZATION/CONSENT FOR USE OR DISCLOSURE
OF INFORMATION FOR PUBLICATION PURPOSES**

Part I.	Name of Person Supported	
<i>Name: Last, First, MI</i>		
<i>Address:</i>		<i>Date of Birth:</i>
		<i>Phone Number:</i> ()

Part II. Authorization for Use and Disclosure of Information, including Protected Health Information:

Yes
I authorize AHRC Nassau and/or AHRC Foundation and its related entities, (Brookville Center for Children’s Services, Citizens Options Unlimited, Inc.) to use or disclose information about me including my name, program name, photographs or other likenesses and other information as needed and appropriate for training, fundraising, educational, advertising, promotional and publicity purposes.

No
I DO NOT authorize AHRC Nassau and/or AHRC Foundation and its related entities, including Brookville Center for Children’s Services and Citizens Options Unlimited, Inc.) to use or disclose information about me including my name, program name, photographs or other likenesses and other information as needed and appropriate for training, fundraising, educational, advertising, promotional and publicity purposes.

This information will be included in materials produced about our programs and services, and may be posted on the Internet through AHRC Nassau and AHRC Foundation and related entity websites and can include social media channels such as Facebook, Twitter, (whether known or hereafter devised) and may include, but is not limited to, publication in our newsletters or other formats such as brochures and annual reports for public distribution, released to the media, videos, etc., and for educational and training purposes, to support the mission of AHRC Nassau and AHRC Foundation and/or its related entities.

<i>Signature of Person Supported or Representative</i>	<i>Date</i>
<i>Print name of Person Supported or Representative</i>	<i>Representative’s relationship to Person Supported</i>

A copy of this signed form shall be provided to the person supported or Representative.

Please note: This consent expires when the person no longer receives services from AHRC Nassau and/or AHRC Foundation and its related entities, including Brookville Center for Children’s Services and Citizens Options Unlimited.