



AUTHORIZATION FOR THE USE AND DISCLOSURE OF IMAGES
(PHOTOGRAPHS AND VIDEO) AND PERSONAL STATEMENTS

SECTION I. Personal Information

Individual's First Name: _____

Individual's Last Name: _____

Advocates Program/Supports: _____

Address: _____

Phone: _____

Date of Birth: _____

SECTION II. Type of Authorization

Information That Can Be Released - Please check as many as apply:

I authorize Advocates to disclose the following information about me:

- First name
- Last name
- Age
- Advocates program/supports
- Town/city of residence

1) Permission to Use Images – Please check (a) or (b):

a) I hereby provide permission to Advocates to use any photo or video of me taken at fill in the location on fill in the date.

b) I hereby provide my permission to Advocates to use these specific photos or videos of me:
Insert thumbnail of video(s) or photo(s) here or attach to this form.

2) Permission to Use Personal Information – Checking this box is optional.

- I hereby provide my permission to Advocates to use my “personal information” (i.e. my comments about Advocates, about my supports, my personal story, etc.)

3) Permission to Share for the Following Purposes – Check only those uses currently planned for.

I authorize the photos, videos, and/or personal information indicated above to be used for the following purposes:

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- Advocates and Autism Resource Center Websites (www.Advocates.org and www.AutismResourceCentral.org)
- Advocates and Autism Resource Center Social Media Channels (e.g. Facebook, Instagram, etc.).

Please Note: *I acknowledge that images, videos, and information posted on the internet can be viewed, downloaded, and commented upon by others and that social media posts may be shared by other accounts once posted by Advocates and I hereby consent to the same.*

- Advocates Internal Communications (Advocates Intranet, Email to All Employees, etc.)
- Email and print newsletters sent to families and subscribers
- Informational Brochures or Pamphlets
- Photographic or Video Presentations for Public Display
- Photographic or Video Presentations with Personal Information for Public Display
- Other (Please Specify): _____

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 Advocates staff.

Revoking Authorization

I understand that I can revoke this authorization at any time by submitting a written request to:

- My provider or
- Advocates Compliance Officer at 1881 Worcester Rd., Framingham, MA 01701

However, the revocation will not affect any actions taken with the images or personal information disclosed prior to the revocation. I further understand the potential for such images and personal information to be re-disclosed by parties other than Advocates that are not subject to this authorization, and in such case, the images and personal information may no longer be protected, even after such revocation.

Release

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 Advocates.

Individual's Name (Print): _____

Signature of Individual: _____ Date: _____

Guardian's Name (Print) _____

Signature of Guardian: _____ Date: _____

Please identify legal authority if signed by Guardian or other Legally-Authorized Representative):

My consent will expire upon distribution of the newsletter or publication of the social media post.

INSTRUCTIONS:

1. This form must be completed in full.
2. Distribution of copies: Original to Advocates; copy to individual, guardian, or other legally authorized representative.