



### Authorization to Photograph/Interview (Select One)

☐ I hereby DO NOT grant permission to a representative of Journey 21 to photograph and/or videotape me or my family for any purpose.

☐ I hereby grant permission to a representative of Journey 21 to photograph and/or videotape me or my family for the following purpose:

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### Authorization to Use for Marketing Purposes (Select One)

☐ I DO NOT authorize Journey 21 to use and/or permit others to use the aforementioned images and/or information

☐ I authorize Journey 21 to use and/or permit others to use the aforementioned images and/or information without compensation for the following

\_\_\_ Institutional Marketing/Advertising      \_\_\_ Fundraising

\_\_\_ Electronic Publishing (World Wide Web)      \_\_\_ News Media

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### Authorization to Use for News Media (Select One)

☐ I hereby DO NOT grant permission to a representative of the news media to use my photo or videotape.

☐ I hereby grant permission to a representative of the news media to:

\_\_\_ Photograph \_\_\_ Videotape \_\_\_ Interview me and/or my family for the following purpose:

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I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain services.

I understand that I may revoke this authorization at any time, provided that I do so in writing, except to the extent that action has been taken in reliance upon this authorization.

I understand that news media representatives are not covered by federal privacy regulation and my health information may be redisclosed and no longer protected by these regulations.

Unless revoked earlier, this authorization will expire one year from date of signing, except to the extent that action has been taken in reliance upon this authorization.

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Signature of person authorized to consent if participant is a minor or requires a guardian)*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Participant \_\_\_\_\_