

STATE OF CONNECTICUT
Department of Mental Health & Addiction Services
Consent for Media Usage: Videotape/Audiotape/Photograph



I hereby authorize the State of Connecticut Department of Mental Health and Addiction Services (DMHAS) and/or their representatives or affiliates to include me in a (x) videotape, () audiotape, (x) photograph, or (x) publication for educational, publicity, advertising or marketing purposes. I understand that my photographs, films and/or interview content may be used, edited and reproduced in a variety of media formats, now existing or hereafter created, including print publications, radio, television, DVD or internet.

I UNDERSTAND AND AGREE:

- That information used or disclosed under this authorization may be reused by the recipient and may no longer be protected by privacy regulations.
- That I am not required to sign this form in order to receive treatment or payment for my care.
- That I may revoke this authorization at any time by notifying DMHAS, as applicable, in writing, and that the revocation will be effective on the date notified (except to the extent action has already been taken based on my earlier consent).
- That this authorization will expire in 99 years, unless I have given written notification stating otherwise.
- That neither I nor DMHAS will receive direct or indirect payment for the media product related to this photo, film or interview.
- That I am entitled to a copy of the videotape and/or audiotape upon my request.

I certify that I have read the foregoing, fully understand it, and execute it of my own free will.

Signature of Participant/Releasing Party	Print Name	Date
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Signature Witness	Print Name	Date
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Cancellation/Revocation:

Participant Signature	Date:
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