



INDIVIDUAL NAME _____ DOB: _____

RELEASE FOR PHOTOGRAPHS, PHOTO IMAGERY, ONE-WAY MIRROR OBSERVATIONS, AND MEDIA DISCLOSURES

Residential Opportunities Inc. has my permission to utilize protected information as identified below. I understand that this consent may be revoked at any time, in writing. I understand that once the information is used or disclosed it may be subject to redisclosure by those receiving it and is no longer protected by federal privacy regulations. I understand that I may approve or not approve any or all of the following items and/or uses. **(Please circle your response to indicate "YES" or "NO" on all choices.)**

FOR USE IN PROGRAMS:

MEDIA	EXAMPLES OF USE	PERMISSION FOR USE	
Photographs	Photo Albums	YES	NO
Audio Tapes	Training	YES	NO
Video Tapes	Training	YES	NO
One-way Mirror Observations	Assessment	YES	NO
Video observation	Incident reporting	YES	NO

FOR USE IN PUBLIC:

	INFORMATION TO BE USED					
	Individual progress data (name will be changed)		Images (Photographs)		Audio/Video Footage	
Website	YES	NO	YES	NO	YES	NO
Professional Presentations	YES	NO	YES	NO	YES	NO
Multimedia/Video Productions	YES	NO	YES	NO	YES	NO
Newsletter	YES	NO	YES	NO		
Brochures	YES	NO	YES	NO		
Annual Report	YES	NO	YES	NO		
This information is authorized to be used in public for the following purposes:						
Community Education	YES	NO	Outside Trainings		YES	NO
Fundraising	YES	NO	Professional Presentations		YES	NO
Employee Recruitment	YES	NO				

Please note any limitations/restrictions to the above permission

Please sign below to indicate that you have read and understand the above information.

Date and Signature of Guardian

Print Name of Guardian

This release automatically expires one year from the date of signature

Witness Statement: Pursuant to DCH administrative rules, I have personally explained the above treatment program and offered to answer questions to the signer of this document. He/she has indicated his/her understanding of this consent form and was willing and able to grant this consent.

Date and Signature of Witness

This witness is responsible for assuring informed consent of the individual/parent/guardian. Informed consent assumes full knowledge, voluntariness, and competency, per DCH administrative rules. If the witness does not feel that the signer of the document is competent, refer to Administrative rules r330.6011 (3) and (4).

