

**AUTHORIZATION FOR THE USE AND DISCLOSURE**  
**OF**  
**INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION**  
**WITHOUT CONDITIONS\***  
**FOR MEDIA PURPOSES**

I \_\_\_\_\_ (consumer name) hereby give the Ohio Department of Mental Retardation and Developmental Disabilities permission to use my picture, taken on this date, \_\_\_\_\_, for use in the \_\_\_\_\_. In addition, I grant permission for the Ohio Department of Mental Retardation and Developmental Disabilities to use this image without compensation in any electronic and/or print medium for local, state, national or international distribution and/or promotion. **This form is not valid for authorizations for the use or disclosure of psychotherapy notes]:**

I understand that the Ohio Department of Mental Retardation and Developmental Disabilities will not receive any remuneration/payment from a third party for the use of my image/picture.

I understand that this authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my ability to obtain treatment, receive payment, or eligibility for benefits.

I understand that I may revoke this authorization at any time by notifying the Ohio Department of Mental Retardation and Developmental Disabilities in care of \_\_\_\_\_, in writing at 1810 Sullivant Avenue, Columbus, Ohio 43223. I also understand that any revocation will not be valid if the Ohio Department of Mental Retardation and Developmental Disabilities has already taken action in reliance to this authorization.

This authorization expires upon \_\_\_\_\_.

\_\_\_\_\_  
Person Photographed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Granting Authorization

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Guardian [if applicable]\*\*

\_\_\_\_\_  
Date

\*ODMR/DD does not condition the provision of treatment, payment, enrollment in a program or eligibility for benefits upon the signatures of this authorization.

\*\*Legal Guardianship has been demonstrated by a presentation of documentation from the Probate Court granting guardianship. [Copy must accompany this authorization.]