



DEPARTMENT OF
DISABILITY & AGING

PHOTOGRAPH / VIDEO CONSENT

I, _____ authorize DDA staff to photograph/video me or permit others approved by DDA to photograph/
video me:

☐ Me/Myself

☐ My Child

Name of Child: _____

☐ My Ward

Name of Adult Ward/Person Supported: _____

I agree that DDA may use the photo/video media for the following purpose(s):

- | | | |
|---|------------------------------|-----------------------------|
| 1. DDA publication or websites (including newsletters and social media) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Case history management | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Teaching | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Research | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Education | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Other (please specify): | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

EXPIRATION DATE OF THIS CONSENT: (check only one)

☐ This consent is in effect as long as services are provided by DDA.

☐ This consent expires on: _____

REQUESTED RESTRICTIONS

AUTHORIZATION FOR RELEASE

I understand that:

- The photographs or video I am authorizing DDA to use will identify me / my Ward / my child as a person receiving services from DDA.
- I can receive a copy of how DDA used the photograph or video if I request a copy.
- I may refuse to sign this authorization.
- Refusing to sign this authorization will not affect my / my Ward's / my child's treatment, payment, enrollment, or eligibility for benefits and services.
- I may take back (revoke) this authorization in writing, but that will not cover any photos or videos used by DDA before I revoke this authorization.
- I understand that this authorization will expire as indicated above OR within one (1) year of signing this authorization if I do not specify an expiration date or event. Any future requests will need a separate authorization.
- My / my Ward's / my child's identity as a person receiving services from DDA may no longer be protected by privacy laws and rules once photos or videos of me / my Ward / my child are used as indicated above
- I get a copy of this form after I sign it.

Signature of Person Supported: _____

Legal or Personal Representative: _____

Relationship to Person Supported: _____

Date: _____

Proof of relationship provided:

☐ Conservatorship Order

☐ Letter of Conservatorship

(Attach copy of proof provided)

☐ Power of Attorney

☐ Child Custody Order

☐ Birth Certificate of Child

☐ Other: _____

Witness: _____

Date: _____