

Date Adopted: \_\_\_\_\_

Date Last Amended: \_\_\_\_\_

**ARC OF WESTCHESTER INDIVIDUAL AUTHORIZATION FOR  
RELEASE OF INFORMATION FOR PUBLICATION PURPOSES,  
INCLUDING PRINTED MEDIA, THE "WEB" AND SOCIAL MEDIA SITES**

Name: \_\_\_\_\_

We understand that information about you is personal, and we are committed to protecting the privacy of that information. Because of this commitment, we must obtain your special authorization before we may use or disclose such information for the purposes described below. This form provides that authorization and helps us make sure that you are properly informed of how this information will be used or disclosed. Please read the information below carefully before signing this form.

**USE AND DISCLOSURE COVERED BY THIS AUTHORIZATION**

A representative of Arc of Westchester must answer these questions completely before providing this authorization form to you. DO NOT SIGN A BLANK FORM. You or your personal representative should read the descriptions below before signing this form.

**How will the information be used?**

This information may be posted on web based services such as social media and/or the Arc of Westchester website, the printed press or otherwise distributed to the public.

**What information may be used or disclosed with the authorization:**

1. I hereby grant Arc of Westchester permission to take or permit to be taken an image(s) of me, by photograph, film, tape, recording, sound recording, or by using any other digital reproduction method (collectively referred to herein as "Recordings"), and the right (but not the obligation) to edit, alter, copy, use, publish, reproduce, transfer, exhibit, distribute, and otherwise share and post the Recordings (such activity collectively referred to herein as "Use"), in whole or part, in any and all media (such as, but not limited to, newspapers, magazines, journals, Internet, Facebook, Twitter, Flickr, etc.), now known or hereafter devised, throughout the world, in perpetuity.

I give on permission to Arc of Westchester to share such Recordings with NYSARC, Inc. for use in any and all of its publications, including website entries, without payment or other consideration.

I understand that these Recordings are property of Arc of Westchester or others and will not be returned, and that their Use may be for any and all reasonable and lawful purposes, and that Arc of Westchester may Use the Recordings without the requirement of obtaining any additional permission from me. I waive the right to inspect or approve the Recordings before their use.

I waive any right to payment, royalties or other compensation arising or related to the Use of Recordings.

I hereby hold harmless and release and forever discharge Arc of Westchester, their employees, administrators, directors, board members, and insurers from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I understand that Recordings, my name, programs that I attend, and my address, are all considered Protected Health Information under the Health Insurance Portability Accountability Act if I am a participant at Arc of Westchester.

I give additional permission to disclose my (please initial):

- \_\_\_\_\_ Name
- \_\_\_\_\_ Residence
- \_\_\_\_\_ Employer
- \_\_\_\_\_ Program attended

### **TERM**

This Authorization shall be in effect so long as I, or the person I represent, receives services from Arc of Westchester and during that period and thereafter any revocation of it is subject to the limitations provided for under the terms of the Revocation clause herein.

### **REVOCAION**

By signing this authorization form, you authorize the use or disclosure of your protected information as described above. This information may be re-disclosed if the recipient(s) described on this form is not required by law to protect the privacy of the information.

You have a right to refuse to sign this authorization. Your health care, the payment for your health care, and your health care benefits will not be affected if you do not sign this form.

You have a right to see and copy the information described on this authorization form in accordance with agency policies. You also have a right to receive a copy of this form after you have signed it.

If you sign this authorization, you will have the right to revoke it at any time, except to the extent that the agency has already released information based upon your authorization. To revoke this authorization, please write to the Privacy Officer at the agency.

Once posted, Arc of Westchester cannot exercise control over the further discrimination and/or use of this material, nor can Arc of Westchester exercise control over removal of the material except from specific Arc of Westchester sites. The ability to remove this information from Arc of Westchester sites may also be limited and impracticable in situations where such removal would effectively eliminate an entire document, report, picture, etc., and/or require the removal of Recordings including other individuals, such as pictures, narrative material, etc. The Arc of Westchester reserves the right to continue the use of Recordings in such situations.

**SIGNATURE**

*I have read this form and all of my questions about this form have been answered. By signing below, I acknowledge that I have read and accept all of the above.*

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Signature of Individual or Personal Representative

Date

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Print Name of Individual or Personal Representative

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Description of Personal Representative's Authority

**CONTACT INFORMATION**

The contact information of the individual or personal representative who signed this form should be filled in below.

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone (day): \_\_\_\_\_ (eve): \_\_\_\_\_

**THE INDIVIDUAL OR HIS/HER PERSONAL REPRESENTATIVE MUST BE PROVIDED  
WITH A COPY OF THIS FORM AFTER IT HAS BEEN SIGNED**