MEYER CENTER FOR SPECIAL CHILDREN

AUTHORIZATION FOR PHOTOGRAPHY/VIDEOTAPING, AND DISCLOSURE OF IDENTIFIABLE HEALTH INFORMATION

Child's Name: _____

I hereby ☐ **authorize** ☐ **do not authorize**

photographs or videotaped images to be made of my child. I understand and agree that these images may be used by the media, United Way or the Meyer Center for the purpose of:

1) informing the public of services rendered at the Meyer Center for Special Children
2) informing the public of services provided by United Way agencies
3) promoting Meyer Center Development and PR including, but not limited to, printed materials, social media, etc.
4) promoting the United Way fundraising campaign.

This may include use of my child's name, age, diagnosis, services he/she has received at the Meyer Center for Special Children, and the dates he/she has received services at the Meyer Center.

I understand that if the person or entity receiving Authorized Information is not a health care plan or health care provider covered by Federal privacy regulations, the authorized information may be re-disclosed by the recipient and may no longer be protected by Federal or State law. _____ **(Initial)**

I understand that I may revoke this authorization at any time by notifying the Meyer for Special Children in writing. However, if I choose to do so, I understand that my revocation will not affect any action taken by the Meyer Center for Special Children prior to receiving my revocation. _____ **(Initial)**

I understand that I may refuse to sign this authorization and that my refusal to sign in no way affects my child's treatment, payment, enrollment in a health plan, or eligibility for benefits. _____ **(Initial)**

I understand that the person or entity I am authorizing to use and/or disclose Authorized Information for promotional purposes may receive either direct or indirect compensation for doing so. _____ **(Initial)**

I understand that this authorization will expire on August 17, 2013. _____ **(Initial)**

_____ _____

Parent/Guardian Signature **Date**