

FOR OFFICE USE Storyteller Name: _____

Event/Initial Use: _____

PERMISSION TO USE IMAGES AND INFORMATION OF STORYTELLER IN NEWS STORIES OR PROMOTIONAL MATERIALS

[**ORGANIZATION**] will protect the privacy of the Storyteller's information. That's why we must get your written permission before we can photograph you or reveal details about your life or story in news stories or other materials to raise awareness and support for our organizations. Please read this form and make sure your questions are fully answered by an employee or representative before signing this form. You are entitled to receive a copy of this form.

FREQUENTLY ASKED QUESTIONS

Who will disclose my information?

Only you may share the details of your story to organizational or media representatives.

Who will use my information?

An employee of the organization may share your images or approved information with the public for purposes such as advertising, brochures, webpages, publications, videos or news stories.

What happens after my photos and information go public?

Once stories, photos, audio and videotape enter the public domain, other outlets may use them, too. For example, stories in the *Los Angeles Times* can be reprinted by other news wires, newspapers and websites for broadcast by radio and television stations. After your story is made public, the agency has limited control over the extent of its reach.

Before you sign this form, make sure you are comfortable with the public

recognition you may receive. Our organization cannot control how—or for how long— news outlets use or distribute your information, photos and videotape for future stories. We also cannot guarantee that other organizations will not display your publicized images or information on their own websites.

I'm not sure I want to make my story public. Do I have to sign this form?

Absolutely not! Signing this form is your choice alone and will have no effect upon your care or access to services.

May I withdraw my consent?

You may cancel or revoke your authorization by writing to [**Organization and Address**]. However, if we have already used or disclosed your information, your request can only impact future use or release of the information covered in this authorization form.

Do I have final approval of the story before it is distributed, whether in print, online, or otherwise?

Yes. Before we use any portion of the story and information you provide, we will review it with you to make sure that we have captured your story accurately and that you are comfortable with its portrayal. If you do not grant final approval, we will not use your story.

Will I receive any special treatment or compensation for sharing my story?

No. We are honored and grateful that you have chosen to share your story on behalf of our work, you will not receive any special treatment or additional ‘perks’ as a result of sharing your story.

When does my consent expire?

Unless specified by you, this form expires on [**Date**]

TYPE OF ACTIVITY

You agree to participate in an interview, provide details about your story and/or have photographs, audio or video recordings made of you, for use in:

- brochures or publications

- Direct mail
- Email fundraising appeals
- websites social media
- stories or videos in the news media, including but not limited to newspaper, television, radio, magazines and online publications
- advertising (including use in photo or video archives for future promotions)

other: _____

If there is information you do NOT want us to share, please list below:

I have read this form, and all of my questions have been answered. My signature confirms I understand and accept all of the above conditions, and approve using my images and private health information.

Storyteller Name (print)

Signature Name of Signor (print)

Date

Email

Phone

Organizational Representative Signature