HIPAA Authorization for Use/Disclosure of Information for Publication, Videos and Photos
The Arc of Monroe, A Chapter of NYSARC, Inc.

By signing below, I authorize the disclosure of the protected health information for the individual named on this form as indicated below.

Person’s name: ________________________________________

What information will be disclosed: The Arc of Monroe may disclose the following, as pertains to the person named above: full name, photos, videos and other likenesses; quotes, artwork, music, writings, or other creative work; the name of the person’s Arc program or residence.

The purpose of this disclosure is: The purpose of the use of this information is marketing, fundraising, and raising public awareness of The Arc of Monroe and its mission while celebrating the achievements of people to display their artwork, music, other creative work, and successes.

Who will disclose the information: The Arc of Monroe and The Arc Foundation of Monroe

To whom the information will be disclosed: The general public and media outlets

When this authorization will expire (by date or event): This authorization will be in effect until you revoke it or until you leave all services provided by The Arc of Monroe.

By signing below:
• I understand that I will not receive any payment or compensation for the use or disclosure of the information about me that I have authorized for publication purposes by signing this document.
• I understand that I can refuse to sign this authorization and that by doing so, services to the person named above cannot and will not be affected.
• I understand that I have the right to revoke this authorization at any time by doing so in writing to the agency’s privacy officer. However, to the extent that the previously published information has already been distributed, it will not be possible to stop the continued use of information which has already been made public.
• I understand that this information could be re-disclosed by parties who receive it if they are not bound by state or federal regulations to protect it. The Arc of Monroe is not responsible for such re-disclosure.
• I acknowledge that the form was completed fully at the time I signed.
• I have reviewed and understand the information on and the intent of this form.

______________________________________________________________
Printed Name

______________________________________________________________   ___________________
Signature                       Date

Relationship to individual listed above:

☐ Self  Legal representative of this person (must use the first present on the following list):
☐ Court-appointed guardian  ☐ Actively involved spouse
☐ Actively involved parent  ☐ Actively involved adult child
☐ Actively involved adult sibling  ☐ Actively involved adult family member

***PERSON SIGNING THE FORM MUST RECEIVE A COPY OF THIS FORM***

A signed copy of this form is to be maintained electronically in the person’s main file in PrecisionCare.