



ADULT MODEL PUBLICITY RELEASE

I hereby consent that any narratives, depictions, pictures, film, photographs, audio-visual or sound recordings, or testimonials of me made by Easterseals Midwest or its respective employees and agents may be used by Easterseals Midwest, and those acting with its permission, for the purpose of illustration, broadcast, or testimonial in connection with any work of Easterseals Midwest and that these materials may be released to the general public. I assign to Easterseals Midwest all of my rights to these materials.

I understand that these materials made by Easterseals Midwest, its employees and agents are owned by Easterseals Midwest and that they may copyright them. I will allow Easterseals Midwest, their respective employees and agents, and those acting with Easterseals Midwest's permission, to use my protected health information, as defined under 45 C.F.R. 164.501, for the purpose of illustration, broadcast, or testimonial in connection with the work of Easterseals Midwest and to release this information to the general public. I understand that these materials may be published on Easterseals network of websites and social media channels, and this may disclose my personal and protected health information online.

Easterseals Midwest does not need to submit these materials to me for further approval. I understand that these materials may be modified and that Easterseals Midwest may decide not to use them.

I acknowledge that the rights described above are granted to Easterseals Midwest on an unlimited basis without any compensation or payment being made for any current or future use. I understand that this authorization is voluntary and that Easterseals Midwest will not condition any treatment, payment, enrollment, or eligibility to me on the completion of this authorization. I also understand that I may revoke my consent to allow Easterseals Midwest to release my protected health information if the information has not already been disclosed. To revoke my consent, I must notify Easterseals Midwest in writing by sending my revocation to 11933 Westline Industrial Drive, St. Louis, MO 63146. I understand and agree that once Easterseals Midwest, its respective employees and agents, and those acting with its permission, disclose my protected health information as contemplated by this release, this information is subject to re-disclosure and may no longer be protected by the Health Insurance Portability and Accountability Act of 1996. This release and authorization expires 10 years from the date of my signature below.

I certify that I am over the age of 18 years old.

Printed Name of Individual

Signature of Individual

Signature of Legal Guardian (if applicable)

Witness for Easterseals Midwest – (Staff or Director)

Date

Date

Individual's Address

City, State, Zip Code

SERVICE RECEIVED: Autism Services Community Living Services Early Childhood Services Employment Services

By checking this box, I confirm that I have received a copy of this form for my own record.

I DO NOT GIVE MY PERMISSION for Easterseals Midwest to take and use photos and pertinent information for publicity about Easterseals Midwest and its programs.