



CHILD MODEL PUBLICITY RELEASE

I am the parent or legal guardian of _____, a child under the age of 18 years old.

Print name

I understand and agree that any narratives, depictions, pictures, film, photographs, audio-visual or sound recordings or testimonials of my child 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 the work of Easterseals Midwest and that these materials may be released to the general public. I assign to Easterseals Midwest all of my child's 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 further consent to allow Easterseals Midwest, their respective employees and agents, and those acting with Easterseals Midwest' permission, to use my child's protected health information, as defined under 45 C.F.R. 164.501, for the purpose of illustration, broadcast, or testimonial in connection with any 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 child's personal and protected health information online. However, Easterseals Midwest' online disclosure of my child's name and residence will be limited to my child's first name and the geographic location of the Easterseals Midwest organization where he or she receives services.

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 my child on the completion of this authorization. I also understand that I may revoke my consent to allow Easterseals Midwest to release my child's 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 child's 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 have read this release and authorization before signing below, and I fully understand its contents.

Signature of Parent or Guardian

Witness for Easterseals Midwest

Printed Name of Parent or Guardian

Date

Date

Address

City, State, Zip

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.