

INFORMED CONSENT FOR MEDIA CONTENT RELEASE FORM

1. CONSENT:

I hereby voluntarily authorize Mental Health Partners (MHP), its representatives and staff to record, edit, use and distribute my image, likeness, spoken words, written words and/or voice ("Content") for purposes of marketing and communications, including publication in any Mental Health Partners' electronic or print newsletters, videos, and on Mental Health Partners' website and social media sites and in other marketing, promotional, advertising, donor-related or educational/informational materials for Mental Health Partners. I understand that I can request to revoke this authorization by sending a signed written notice to the MHP Privacy Officer at Mental Health Partners, 1333 Iris Ave., Boulder, CO, 80304, stating that I am revoking my authorization.

2. ACKNOWLEDGMENTS:

Before executing this Consent, I acknowledge that I understand and agree to the following:

- I am not required to sign this Consent. If I choose to seek medical care or treatment from Mental Health Partners, I will not be declined care if I do not wish to consent to the above terms.
- I understand that the Content as defined above will not become part of my medical record. The Content will be kept separate from my medical record until it is obsolete, or until I revoke this Consent as described above.

I acknowledge that the Content will remain the sole property of Mental Health Partners. I understand that my consent is of no direct benefit to me. I waive any and all rights that I may have to any claims for payment in connection with the use or disclosure of this Content. However, I understand that I am authorizing the disclosure of my Content for media publication. Once disclosed, federal privacy protections will no longer apply. For example, this Content could be redistributed without my permission by sources other than MHP to You Tube, other Internet resources, or copied to another person's Facebook site.

- I waive any right to inspect, approve or disapprove of the Content.
- I, on behalf of myself and my heirs, representatives, and beneficiaries hereby hold Mental Health Partners, its employees, clinicians, and any other person participating in my care at Mental Health Partners and their successors and assigns harmless from and against any claim for injury or compensation resulting from the authorized use or disclosure of the Content.

3. TERM OF AUTHORIZATION:

This authorization will remain in effect for a period of _____ years from the date of my signature below. MHP will no longer use the Content after the authorization expiration date. Please note, once disclosed, federal privacy protections will no longer apply.

I, _____ (please print) have read this Consent and fully understand and agree to its terms. I expressly agree that this Consent is intended to be as broad and inclusive as permitted by the laws of the State of Colorado and if any portion hereof is held invalid, it is agreed that the remainder shall, notwithstanding, continue in full force and effect.

Signature

Date