

# FRIENDS OF BROOMFIELD: PARTICIPANT RELEASE OF INFORMATION FOR MEDIA/PUBLIC RELATIONS AND MARKETING PURPOSES



FRIENDS of Broomfield is committed to protecting the privacy of our participant's Protected Health information. That's why we must obtain your written consent before we can photograph you or share Protected Health Information for use in news stories or promotional materials. Only you and your team of caregivers may provide details about your case and Protected Health Information to a FRIENDS of Broomfield Staff. Please review the following facts and assure your questions are fully answered by a FRIENDS of Broomfield Staff before signing this form. You are entitled to receive a signed copy.

## FREQUENTLY ASKED QUESTIONS

**Who will use my information?** A FRIENDS of Broomfield staff may share your images or information [example: your name or program of participation] with journalists or the public for promotional purposes, such as advertising, brochures, web pages, publications or news stories. All images used for promotional purposes will be respectful and dignified.

**What happens after my photos and information go public?** Once stories, photos, audio and videotape enter the public domain, it's important to understand that other outlets are free to use them too. For example, photos and stories in the Broomfield Enterprise can be picked up by news wires, reprinted by other websites and broadcasted by radio and television stations.

Before you sign this form, make sure you are comfortable with the amount of public recognition you may receive. FRIENDS of Broomfield cannot control how – or 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 information public. Do I have to sign this form?**

Absolutely not! Signing this form is your choice alone and will have no effect on your care or support from FRIENDS of Broomfield.

**May I withdraw my consent?** You may cancel or revoke you authorization at any time by writing to FRIENDS of Broomfield IT Department, 11851 Saulsbury St, Broomfield CO 80020; however, if we have already used the information and disclosed it as provided by the authorization, we will not be able to revoke your authorization.

**Do I approve each photo before use?** By signing this form and selecting Option #1 you are giving FRIENDS permission to use our best judgment on the photo(s) we choose to use of you. Option #2 requires FRIENDS to get your signed permission each time a photo of you is used.

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## OPTION #1:

I \_\_\_\_\_ [Participant's name] agree to participate in an interview, provided details about services and/or have photographs, audio or video recordings made of myself, for:

- FRIENDS of Broomfield brochures or publications
- FRIENDS of Broomfield website(s)
- FRIENDS of Broomfield Social Media [including but not limited to: Facebook and Twitter]
- FRIENDS of Broomfield- related stories in the news media, including but not limited to newspapers, television, radio, magazines and online publications.
- Marketing/advertising by FRIENDS of Broomfield, including possible storage in a photo or video archive for future promotional purposes.

PLEASE LIST SPECIFIC INFORMATION YOU DO NOT WANT DISCLOSED:

\_\_\_\_\_

## OPTION #2:

I \_\_\_\_\_ (Participant's name) would like FRIENDS to get my permission each time a photograph, video or interview of me is used by FRIENDS.

**When does my consent expire?** If no date is recorded, your consent expires 12 months after the date of your signature. Expiration Date (if less than 12 months) \_\_\_\_\_.

## SIGNATURE

I have read this form, and all of my questions have been answered. My signature confirms that I understand and accept all of the above conditions, and approve the use of my images by FRIENDS of Broomfield. **I also understand that if FRIENDS of Broomfield features me in a media/public relations and marketing purpose that is not listed above that FRIENDS will acquire a specific release of information for that purpose.**

\_\_\_\_\_  
Signature (Participant or Guardian)

\_\_\_\_\_  
Print (Participant or Guardian Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participants Name (if Guardian Signature)