Sycamore Services, Inc.
Release for Media Purposes

I hereby release and authorize Sycamore Services, Inc. to use my: (Check all that apply)

☐ Name ☐ Photograph

☐ Voice ☐ Video image

☐ Other: _____

for publicity, marketing, education/training and/or any news related purpose. See the following: (specify purpose, including title, if any, of project or activity):

It is understood that the foregoing authorization is subject to the following LIMITATIONS: ___

_____

Participant or Representative Initials (If no limitations are listed above, initials are not needed.): _____

I understand this same information may be copied and distributed by means of various media, including but not limited to video presentations, newspapers, television, radio, news bulletins, mailings, brochures, and/or Sycamore Services' internet or intranet websites, without any further authorization or notice to me.

I understand that the information used or disclosed may be subject to re-disclosure and no longer protected by the federal privacy regulations.

I further understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment or payment or my eligibility for services. I may inspect or copy any information to be used and/or disclosed under this authorization.

I knowingly and voluntarily waive the Indiana law provision that the consent expires sixty (60) days from the date of this release and specify this consent remains in effect **for twelve (12) months or until revoked in writing, whichever occurs first.**

Finally, I understand that I may revoke this authorization in writing at any time, provided that I do so in writing, except to the extent that action has been taken in reliance upon this authorization.

I understand the authorization for the use of the information stated above will expire on

_____, 20___ (date)

This form must be fully completed before signing below.

_____ _____

Participant's Printed Name Signature of Participant or Representative

_____ _____

Name of Personal Representative *(if applicable)* Date

_____ _____

Description of Representative's Authority To act for Participant *(if applicable)* Witness Signature