



COMMUNITY RELATIONS CONSENT FOR RELEASE OF INFORMATION

Goodwill Columbus may use information about you in materials for community relations purposes. This information may be used in program brochures, agency audio-visual presentations, annual reports, the Goodwill Columbus web page on the Internet, and other printed and broadcast media communications, which will be delivered to the general public for educational purposes and to generate public support of Goodwill Columbus. I release Goodwill Columbus from any legal liabilities that may arise from the release of the authorized items indicated below.

By signing this consent form, I am granting Goodwill Columbus the right and permission to use my image (photographs and/or video), information from this interview and testimonials in all of the following media EXCEPT (please check **exceptions**):

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Internal newsletters | <input type="checkbox"/> Public campaigns | <input type="checkbox"/> Public signage | <input type="checkbox"/> Annual Report |
| <input type="checkbox"/> External newsletters | <input type="checkbox"/> Internal marketing materials | <input type="checkbox"/> Event publications & advertising | <input type="checkbox"/> Trucks and trailers |
| <input type="checkbox"/> Social media sites | <input type="checkbox"/> External marketing materials | <input type="checkbox"/> Messages to the media | <input type="checkbox"/> Goodwillcolumbus.org |

Intended Use of Materials: Supported Recreation Activities, Classes and trips.

Understandings & Agreements of Community Relations Participant/Volunteer

1. This authorization is voluntary and I understand that I do not have to sign this consent.
2. I understand that I may notify Goodwill Columbus personnel in writing if I want to change or revoke this release. I understand that this does not apply to any information released prior to changing and/or revoking the release.
3. I understand that once the information described on this form is released, it may no longer be subject to the privacy protections of Goodwill Columbus if the receiver of the information is not a health plan, health care provider, health care clearinghouse, or a business associate that has a contract with Goodwill Columbus.
4. I understand that if I request that records be copied and sent to me that Goodwill will make good faith effort to send those records to me in a reasonable amount of time.

5. I understand that this consent shall remain in effect for a period of five years, unless I revoke it prior to that time.

This authorization for release is in effect for five years, or until Goodwill Columbus has received notice to rescind authorization for release.

Community Relations participant/volunteer/ **signature** _____ Date
**Please clearly indicate if you are a guardian signing on behalf of participant/volunteer*

Printed name of Community Relations participant/volunteer
**Please clearly indicate if you are a guardian signing on behalf of participant/volunteer*

Witness _____

Relationship _____

Date _____

PROHIBITION OF DISCLOSURE: Federal Regulations 42 CFR, Part 2 and The Health Insurance and Portability and Accountability Act (HIPAA) of 1996, 45 CFR, Part 160 and 164, make any further disclosure without the specific written consent of the person to whom it pertains, strictly prohibited. A general authorization for the release of medical or other information is not sufficient for this purpose.

P/S –2(a)

Dev. 4/03; Rev. 12/14