



**Options Of Linn County  
Authorization For Use Or Disclosure Of Consumer Photographic and/or  
Video Images**

**Consumer Name:** \_\_\_\_\_

**Authorization:**

I authorize the use and disclosure of my name, photographic/video images, and/or testimonial for marketing purposes by Options of Linn County. I understand that information disclosed pursuant to this authorization may be subject to redisclosure and may no longer be protected by HIPAA privacy regulations.

**Purpose:**

The photographic/video images, and/or testimonial will be used for: Social Media and/or advertising including brochures and press releases.

**Revocability:**

I understand that I may revoke this authorization at any time, but such revocation must be in writing and received by the Options staff. Revocation affects disclosure moving forward and is not retroactive. This authorization expires on the date specified below by the authorizing person.

**No Treatment Conditions:**

I understand that the Options of Linn County will not condition services on whether or not I sign this authorization.

\_\_\_\_\_  
**Consumer/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Expiration Date**

