Identity/Photo/Video Release Form

Community Connections, Inc.
281 Sawyer Dr., Suite 200 • Durango, CO 81303 • (970) 259-2464

Parent/Guarduan/Client Best Contact Info:
Phone Number: _____ Email Address: _____

I, _____, (Client/guardian name), authorize Community Connections, Inc. to use the below information, pertaining to _____, (Client name), which could be used to identify the person seeking or receiving services or their family or contact persons, including, but not limited to, name, photograph, or any distinguishing marks as stated in the Code of Colorado Regulations 16.331 A, D & F.
Check all that apply, as authorized by the client/guardian.

Name: _____

Photo/Video (provide details of photo/video) _____

Can be used for marketing purposes (some examples might be: annual reports, flyers, or seasonal announcements) Please specify all forms of marketing: _____

_____

Can be used for the CCI website: **Please note that the dates must not exceed 1 year from the date it's posted to the website, and that it's possible that anyone viewing the website could view the photos listed herein.

Date posted on CCI materials _____ Date removed from the CCI materials_____
Can be used in the CCI Durango and/or Cortez offices and/or Day Habilitation sites

Other: (Please be specific) _____

YOU MUST ATTACH A COPY OF ALL PHOTO(S) VIDEO(S) THAT HAVE BEEN AUTHORIZED ON THIS IDENTITY/PHOTO RELEASE FORM, BY EMAIL OR HARDCOPY, OR IT WILL BE NULL AND VOID.

- I understand that I have the right to revoke this authorization at any time by submitting a statement in writing to an authorized agency representative. I understand that revocation of authorization will not affect records or information previously released under this authorization prior to revocation.
- I understand that Community Connections will not condition treatment, payment, enrollment in a health plan, or eligibility for benefits on the provision of an authorization, except as permitted by law.
- I understand that once released, information used or disclosed pursuant to the authorization may be subject to disclosure by the recipient and no longer be protected by 45 C.F.R. Part 164.

_____	_____	_____
Signature of client/guardian	Date	Relationship to client
_____	_____	_____
Signature of witness	Date	Relationship to client

Please note that the entirety of this form is good for one (1) year from the date above.