

**MISSOURI MENTAL HEALTH FOUNDATION
 PERMISSION TO USE PHOTOGRAPHS / VIDEO / COMMENTS**

MMHF USE ONLY

SUBJECT'S NAME _____ DATE _____

ADDRESS _____ PHONE _____

PARENT OR GUARDIAN (IF APPLICABLE) _____ RELATIONSHIP _____

ADDRESS (IF DIFFERENT) _____ DAYTIME PHONE _____

PHOTOGRAPHER / INTERVIEWER _____ DATE PHOTOGRAPHS/VIDEO/COMMENTS TAKEN _____

PURPOSE OF PHOTOGRAPHS / VIDEO / COMMENTS

DESCRIPTION OF PHOTOGRAPHS / VIDEO / COMMENTS

DESCRIPTION OF SUBJECT (PHOTOS ONLY)

CONFIDENTIALITY RESTRICTIONS

NO RESTRICTIONS NOTE: _____

NO IDENTIFIABLE FEATURES _____

NO NAMES _____

FROM TIME TO TIME, PHOTOGRAPHS TAKEN FOR ONE PURPOSE ARE SUITABLE FOR OTHER USES. CAN THESE PHOTOGRAPHS BE USED FOR OTHER PURPOSES?

YES, FOR ANY REASONABLE USE FOR MMHF USE ONLY

YES, WITH ADDITIONAL PERMISSION NO

I HEREBY GIVE MY PERMISSION TO USE THE PHOTOGRAPHS / VIDEO / COMMENTS DESCRIBED ABOVE TO BE USED IN THE WAYS INDICATED ABOVE.

SUBJECT'S SIGNATURE

PARENT OR GUARDIAN'S SIGNATURE (IF NECESSARY)

MMHF USE: