



Department of Health and Social Services

3601 C St. Suite 902, Anchorage AK 99503

(907) 269-7800

CONSENT FOR SELF-DISCLOSURE OF INFORMATION, VIDEO, AUDIO, PHOTOGRAPH OR OTHER MEDIA

Name of Participant:

Description of Information or Media That May Be Used or Released:

Purpose of the Use or Release of the Information or Media Is:

Special Instructions for Limitations on Uses or Disclosures:

I hereby give my permission for the Department of Health & Social Services, [Name of Division or Program] to use, release and re-release the information, video, audio, photograph or other media as described above. I understand that this consent is voluntary. I understand that my refusal to sign will not affect the ability of the participant to obtain treatment, payment, eligibility for benefits or other services from the Department of Health and Social Services. I understand the stated purposes for the use or release of the information or other media as described above. I also understand that the information or media described above WILL BE MADE PUBLIC AND MY IDENTITY MAY BE DISCLOSED. I understand the information or media is no longer protected by federal or state privacy regulations once I have consented to its use and release. I relinquish all rights, title and interest to the information or other media as described above. I understand that I may request a copy of this signed consent.

If I am signing on behalf of the participant named above, I verify that I am a personal representative of the participant and have the legal authority, in accordance with state law, to act on behalf of the participant.

Signature of Participant or Legal Representative (Or Witness if signature is by mark)

Date

Printed Name of Legal Representative or Witness

Description of Legal Representative's Authority

THIS CONSENT DOES NOT AUTHORIZE THE DISCLOSURE OF INFORMATION OR MEDIA BY ANYONE OTHER THAN THE PARTICIPANT NAMED ABOVE OR THE LEGAL PERSONAL REPRESENTATIVE OF THE PARTICIPANT NAMED ABOVE. A HIPAA-compliant DHSS Authorization To Release Information (Form 06-5870) must be completed and signed by the participant or the participant's legal personal representative in order to authorize any disclosures not made directly by the participant or the participant's legal personal representative.