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Director & State Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

NOTICE AND RELEASE FORM

I, _____, hereby grant to the California Department of Public Health (CDPH), Maternal, Child and Adolescent Health Division (“MCAH Division”), the right and permission to use and publish my personal story (in whole, or in part) and photograph(s) for the purpose of adding examples to clarify other data, and for promoting the value and benefits of the California Home Visiting Program (CHVP).

By signing this release, I give my permission to the CDPH, MCAH, CHVP and its affiliated local agencies, to use my personal story and photograph(s) for program or State purposes. These purposes may include, but are not limited to, training, outreach, education, media purposes and availability in the CHVP photo library. I give my permission to modify and/or crop the photograph(s), and to paraphrase, shorten or amplify, and/or put my personal story into conversational form. I give my permission to use my personal story and photograph(s) in combination with or as a composite of other matter, including, but not limited to, text, data, images, photographs and photographic reproductions, illustrations, animation and graphics, video or audio segments, and to make derivative works to be used in publications, broadcasts, public service messages and advertisements, press kits, letters, presentations, websites, social media, or through any form of media CDPH, MCAH, CHVP chooses to impact people’s lives. I acknowledge that my personal story and photograph(s) may be included in materials such as manuals, brochures, posters, flyers and other publications, local advertisements and public service announcements.

I understand that my personal story and photograph(s) may be used for these purposes, but will not include my last name or my home address, date of birth, email address, phone number(s), or other contact information that may be used to identify me.

I understand that my participation in the use of my personal story and photograph(s) is strictly voluntary. I understand that not participating in the use of my personal story and photograph(s) or not signing this release form will not affect my eligibility to enroll in or remain enrolled in the CHVP Program.

I understand that persons viewing this information may re-disclose the information without my prior permission.

I agree that the MCAH Division will own any and all rights in any materials developed using my personal story and photograph(s). I waive any right to inspect or approve any materials prepared using my personal story and photograph(s). I acknowledge that no monetary

compensation is or will be payable to me for the use of my personal story and photograph(s). I waive any claims that I may have arising from such use. There are no restrictions on use unless specified in this consent form. By signing this release, I understand MCAH may allow others to use my photograph(s) and/or personal story. I understand that I give my permission freely and expect no compensation for its use. I release CDPH and the MCAH Division, its employees, contractors, agents, successors, and assigns from any and all liabilities, claims and demands arising out of or in connection with the use of my personal story and photograph(s), including but not limited to, claims for invasion of privacy, defamation, and infringement of the right of publicity.

I understand that this authorization is irrevocable, meaning that once I've signed this consent I cannot take back my consent. I also understand that my written revocation will not affect any disclosures of my information that the CDPH MCAH Division has already made, in reliance on this authorization, before the time I revoke it.

I have read and understand all of the above.

Individual's Signature: _____ Date: _____

Individual's Representative* Signature: _____ Date: _____

*The Individual's Representative is authorized to sign for the resident because

