

CONSENT TO RELEASE INFORMATION, IMAGES, OR RECORDINGS FOR COMMUNICATION OR MEDIA-RELATION PURPOSES**DS 5651** (REV. 08/2020)

INSTRUCTIONS: This form shall be completed and signed by any Department of Developmental Services (“Department”), Regional Center or vendor employee or adult individual with capacity, whenever their photographs, recordings or any other personal identifiable information are made or used by the Department or its agents and affiliates for communication or media-relation purposes.

This form is not for release of information, images or records of consumers. Please use the “*DS 6017 Authorization for Release of Information, Photographs or Recordings for Communication or Media-Relation Purposes*” for releases involving consumers.

The terms “images” and “recording” shall mean any still photograph, audio, motion picture in any format including, but not limited to digital, audio, video, or any other mechanical or electronic means of recording or reproducing images.

CONSENT FOR USE AND DISCLOSURE

I, _____ hereby grant permission to the Department, and its affiliates and agents, to use and disclosed my information, images, or recordings for the Department’s communication or media-relation activities without compensation.

Who will disclose the information - The Department and/or its agents and affiliates identifiable information, photographs and recordings, that are disclosed or used for a Department communication or media-relations activity will be obtained from only you.

Other agents/affiliates (if applicable):

Where Information, Images or Recordings will be published: The specified identifiable information, photographs or recordings in this consent will be published in one or more of the following outlets and available to the public (please check all that apply):

Education Publication / Videos/ YouTube Channel

Electronic Publishing (e.g., public or internal website-www.dds.ca.gov)

Social Media (e.g., Facebook/Twitter/Instagram)

Promotion / Advertising

Local / Regional / National News Outlet

Other (please describe):

The type of information to be used or disclosed - Identifiable personal information about you, photographs, and/or recordings relating to you and within the context of a Department communication or media relations activities.

The following information can be used or disclosed: Please either: (1) describe the information, images or recording; or (2) provide an attachment or website link to the information, images or recording:

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I understand that this consent is voluntary. This consent is not under duress, nor conditioned on my employment status. I also understand that I may revoke this consent at any time, provided I make the request for revocation in writing to the Department's Privacy Officer at PrivacyOfficer@dds.ca.gov. I further understand that my request for revocation will be honored except to the extent that the Department has already taken action in reliance on this consent and cannot cancel publication or recall distribution.

I understand this consent will remain in effect indefinitely until the information, images, or recordings are no longer used by the Department in electronic or printed formats for its communications or media relations activities. By signing this consent, DDS is not obligated to use my information, images or recordings.

I understand and agree that this consent also permits the Department and its affiliates and agents to alter any images of me (in whole or in part) for publication, including but not limited to, changes in color, size, perspective, context, foreground or background.

This consent provides DDS and its affiliates and agents with a right to use or reuse my information, images or recordings specified herein for Department communications or media relations activities.

I hereby release to DDS any and all actual or potential copyrights to my information, images, videos or records, thereby allowing DDS and its affiliates and agents to distribute, publish and prepare such information for publication. I waive any claims to ownership of said materials and disclaim any rights to pursue an infringement of any copyrights, actual or potential.

I agree that DDS is not obligated to take action against any inappropriate use of my information, images, and recordings by third parties once published. DDS owns all rights to such information, images and records. I understand that any information and images provided may be subject to redisclosure by the recipient and therefore not subject to the protection of state and federal privacy laws. This includes redistribution through electronic media.

I hereby release the State of California, DDS, its employees, agents, and affiliates from any and all liabilities, claims and demands arising out of or in connection with the use of the provided information, image or recordings.

Prior to deciding whether or not to execute this consent, I have the right whether to seek advice from independent legal counsel. I warrant that I am 18 years of age or older and have the right to contract in my own name. I have read the above Consent prior to its execution and I am fully familiar with the contents of this document. This Consent shall be binding upon me and my heirs, legal representatives, and assigns.

PRINT NAME:**ADDRESS:****SIGNATURE:****DATE:**

Confidential Information - See Civil Code Sections 1798, et seq.

COPIES OF ALL SIGNED FORMS SHOULD BE DELIVERED TO THE DEPARTMENT COMMUNICATION STAFF. IF YOU ARE A DDS EMPLOYEE, A COPY OF THIS EXECUTED FORM WILL BE PLACED IN YOUR OFFICIAL PERSONNEL FILE.