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1-877-821-8400
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Information and Photo Release Form

I, _____, authorize and request Walton Options for Independent Living, Inc, to release confidential and protected information regarding my well-being to those listed below.

Name & Phone Number

Name & Phone Number

I understand Walton Options may release and/or utilize volunteer organizations, private contractors, or other service agencies to fulfill my request. Information such as my age, address, or other contact information may be given to these parties to assist in completing the requested service(s).

I understand that my records are protected under federal and state confidentiality regulations and cannot be released without my written consent unless otherwise provided for in those regulations. I also understand that I may revoke this consent at any time and further acknowledge that the information to be released was fully explained to me and that this consent is given of my own free will.

I **further authorize** **do not authorize** and give Walton Options consent to record, videotape and photograph my image and/or voice to be used in on the intranet, internet, newsletters, newspapers, reports, radio, and/or television. I understand that no special compensation will be provided to me for use of my image and that I may not be informed in advance of the specific use of my image.

Signature

Date

Parent/Guardian/Conservator Signature

Date

Witness Signature

Date