

Consent Form

Name: (please print) _____

Organization: (if any) _____

Address: _____

Phone: (*day*) _____ (*eve*) _____

Fax: _____ E-mail: _____

I consent to allow the Region IV South CONVERSATIONS Adult Mental Health Initiative to publish personal information and/or photos provided by me on its website <http://www.reallifeconversations.com>, as well as in radio in the Region IV South area, newspapers in the Region IV south area, the Region IV South Conversations website, Elimination of Barriers Initiative (EBI) website, the Resource Center to Address Discrimination and Stigma (ADS Center) website, and the National Anti-Stigma Campaign website and project activities, official publications of the U.S. Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), and/or in other regions or media outlets and advertisements for the public and scientific community, so long as such use is in keeping with established standards of good taste. The text may be used in its entirety or edited for length and style.

The Region IV South CONVERSATIONS Adult Mental Health Initiative, and the other entities listed above, may use (check one):

My full name and photo

My first name only and photo

I prefer that my name not be used, and that a pseudonym be used instead, with photo.

I understand that I will not be paid for either the text or any photos that I provide. I agree to waive any and all claims for compensation for such materials.

Signature: _____

Date: _____

Please complete this form and return by mail or fax to:
R4S Conversations Adult MH Initiative
Douglas County Public Health
725 Elm Street
Alexandria, MN 56308
Fax: 320-763-4127