

This authorization must be dated and signed by the individual whose information will be released or by a person who is legally authorized to act on the individual's behalf.

I, _____ (name) give permission to ValueOptions of Kansas to publish, reproduce, modify, and publicly display and distribute my art piece, any pictures taken of my art work or any personal story I may want to discuss with ValueOptions for the sole purpose of publication.

I understand that I will not receive any compensation for this submittal or its use in any form.

I understand that my art, explanation and/or personal story may be displayed to the general public on the ValueOptions of Kansas website, newsletters, or public venues ValueOptions participates in. I further understand that the display of such information, even if it does not include my name, may allow other people to identify me as having a diagnosis of, or receiving treatment for, alcohol or drug abuse. With that in mind, it is my choice whether my artwork, written explanation and any personal information/story and name are published. Please state what information ValueOptions may publish by signing your initials next to the items you agree may be published:

_____ Art

_____ Written explanation of the art

_____ Personal Story

Once completed and signed, this authorization will remain in effect until the earliest of (a) the date you specify below; (b) one year from date signed; or (c) the date you withdraw your permission.

OPTIONAL: Authorization termination date: ___ ___ / ___ ___ / ___ ___ ___ ___ (must be less than one year from date signed, if no date is specified the authorization will terminate one year from the date of signature or sooner if required by state law)

I Understand and Agree to the following:

- I have the right to review the information that is being disclosed;
- I do not have to complete this authorization and my refusal will not affect my benefits unless this authorization is necessary to determine my benefits;
I am refusing to sign: YES Initials: _____
- The information disclosed by this authorization may be at risk for re-disclosure by the recipient and no longer protected by federal privacy laws;
- I have a right to revoke this authorization at any time by sending written notice to ValueOptions. Revoking this authorization will not have any effect on actions that ValueOptions took in reliance on the authorization prior to receiving notification. For your convenience, a "Revocation of Authorization" Form may be obtained from ValueOptions. ValueOptions does not accept partial revocations. If you wish to partially revoke this authorization, please submit a revocation and new authorization specifying the information you are authorizing for disclosure.
- ValueOptions will not receive compensation from a third party for using or disclosing this

information, and

- I have the right to a copy of this form after I sign it.

I would like a copy of this form: YES Initials: _____

Signature of the Individual or the Individual's Legally Authorized Representative** Date

Relationship to the Individual/Member:

Self

Legally Authorized Representative**

Parent of Minor Child

(*Power of Attorney, Legal Guardian, Executor or Administrator*)

** *If you are signing as a Legally Authorized Representative attach a copy of the appropriate legal document(s) granting you the authority to do so. You do not have to attach copies of documents if you already have those documents on file with ValueOptions. My legal documents granting authority to act on the individual's behalf are already on file with ValueOptions:*

YES

Initials: _____

Mail the completed form to:

**ValueOptions of Kansas
ATTN: Tammy Adams
100 SE 9th Street, Suite 501
Topeka, Kansas 66612
785-338-9020**

Or fax it to: