



## CONSENT FOR USE OF PHOTOGRAPHS, RECORDINGS, QUOTES AND TESTIMONIALS

Educational Case Management Pty Ltd (ECM) vision is to provide information about disabilities and mental health issues, promote and support public messages related to disabilities and mental health issues, and promote policies and programs that can increase one's overall quality of life. As part of this communication and supportive role, ECM uses photos, digital images, video and audio recordings, quotes and testimonials in various publications including ECM newsletters, campaigns, advertising, social media platforms, in clinic, and on ECM web sites.

### Acknowledgement and consent

I acknowledge that:

- I am over the age of 18 years OR I am the parent/guardian of a person who is under 18 years and have the legal authority to give consent
- I may be a client, guardian, employee, contractor at ECM, or a third party associated with ECM but not limited to this.
- If I am a health practitioner, I have a responsibility to behave ethically and to maintain professional standards, and have obligations under the National Law and Code of Conduct
- I have read the contents of this form and know that I will be provided a copy if requested
- I understand the Agreed Purpose of publication of images or recordings, or quotes or testimonials, including their purpose on the Internet.
- I consent to the publication, by ECM, of images or recordings, or quotes or testimonials for the Agreed Purpose with any reasonable retouching or alteration
- ECM is permitted to use my material, in whole or in part and is allowed to keep this material on record for future use.
- The material may be reproduced, by us or others with our permission, without any liability on ECM, in any form including, in the case of your words, photos and images, in colour or black and white and the material may be altered, distorted or blurred for design purposes and without the need to attribute your words or your image to you.
- The material may be sub-licensed to any media for the purposes of live broadcast, repeat broadcasts, catch-up services, websites, or social media.
- The material may be published, broadcast, or communicated by us or others with our permission, in any medium including but not limited to the internet, websites, social media channels or other multimedia and in any publication, catalogue, brochure or report.
- I will not have the right to approve the electronic material in which the material appears, and you will not be paid for giving this consent or for the use of the material.
- ECM will own all rights to the use of the material and will not be held liable for any claims and/or actions arising from their use including any claims of defamation, invasion of privacy, infringement of moral rights or rights of publicity
- This consent is provided voluntarily and that there are no adverse consequences
- My personal information will continue to be held confidentially by ECM at 56 Hudson Street, Hamilton, NSW.
- I can contact ECM to correct or access my details at any time.

**Please Note:** ECM is required to comply with the Australian Privacy Principles under Schedule 1 of the Privacy Act 1988 when collecting personal information about you.

Personal information includes photos and recordings.

ECM can be contacted by telephone on (02) 49698060 or by email: [info@ecmonhudson.com](mailto:info@ecmonhudson.com)

**Please Note:** ECM is committed to

- comply with confidentiality and privacy obligations
- comply with your professional obligations as defined in Health Practitioners Code of Conduct
- Cultural Awareness, safety and practitioner and client beliefs -social and clinical
- professionalism and maintaining Professional Boundaries
- Advertising Guideline under the National Law
- communicating professionally and respectfully with or about patients, colleagues and employers
- not presenting information that is false, misleading or deceptive, including advertising only claims that are supported by acceptable evidence.

**I am over 18 years of age, I may be a client, employee, contractor at ECM, or a third party associated with ECM but not limited to this. I have read this release, and I understand what it means.**

Name.....

Email.....Phone:.....

Signature.....Date.....

This section is to be completed where permission is sought in relation to a minor or a person with a disability that is unable to understand the purpose of this release form.

**I am the parent, guardian, advocate or representative of (Name)....., I have read this release and understand what it means. I hereby agree that I, and the above minor or person with a disability will be bound by the above provisions.**

Name of Guardian.....

Address.....Phone:.....

Email address.....

Signature.....Date.....