



Permission to Use Photos & De-Identified Information for Donor Communications

Purpose

This form grants permission for Whole Foundation to use approved materials to communicate impact to donors, grantors, and community partners.

Authorized Materials

- Photographs
- Video recordings
- Audio recordings
- Written testimonials or stories
- De-identified clinical or program information
- Artwork or activities created during services

Privacy Protections

All shared information will be de-identified whenever possible. Names, dates of birth, and other direct identifiers will not be disclosed. This authorization does not permit release of full medical records.

Voluntary Consent

Participation is voluntary and services will not be affected by refusal. Consent may be revoked in writing at any time.

Participant Name: _____

Child Name(s) (if applicable): _____

Parent / Legal Guardian Name: _____

Email / Phone: _____

Signature: _____ Date: _____