

## Alone-Together.org Information Authorization Form

I hereby agree to the following:

- (1) The information provided may be published and disclosed through the Alone-Together website, promotional materials, art venues, or any additional publications created in association with the Alone-Together organization;
- (2) The information provided may vary in content, length, and format, but the essential substance is a written reflection of my personal experiences for the purpose of providing wisdom and hope to other young adults, their families, and the adults who support them.
- (3) Any other purposes for disclosure may be allowed at the request of the undersigned individual;
- (4) This Authorization will expire when Alone-Together.org is no longer a functioning organization;
- (5) Anonymity of any information submitted in connection with this Authorization is not guaranteed;
- (6) The undersigned individual retains the right to revoke this authorization at any time via a request made in writing through the "Contact" section on Alone-Together.org;
- (7) Any information disclosed in connection with this Authorization is not subject to any protections or privileges found in the Health Insurance and Portability and Accountability Act (HIPPA); and
- (8) Alone-Together.org will retain a copy of this form as long as Alone-Together is a functioning organization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

*Please note- you must be 18 years of age or older.*