



*Protecting, maintaining and improving the health of all Minnesotans*

Thank you for sharing your family's story for use in the Newborn Screening Program's Screening Spotlight section of its website. Because we value your privacy and that of all families, we ask you to complete this step before we use your child's photo/story.

You must sign and return this form stating that you understand how we will be utilizing your child's story and/or photo. You have two options for returning this form:

Sign it electronically by typing \*your name\* and email the form to us at [health.newbornscreening@state.mn.us](mailto:health.newbornscreening@state.mn.us) (Be sure to include the asterisks before and after your name)

or

Print it out, sign it, and fax it back to us at 651-201-5871 or mail it to us at PO Box 64899 St Paul, MN 55164-0899\_

**Photograph and Website Release Form**

I hereby grant permission to the Minnesota Department of Health (MDH) to use the photograph(s) that I have sent to the Newborn Screening Program. I have the rights to this photograph and understand that it will be posted on the MDH website for the purpose of informing and educating the public about MDH programs and activities.

I also give permission to post on the website my submitted family's story for educational purposes. I agree to the use of any first names I supplied in the story. These first names may also be written near the photograph for identification purposes. I understand that MDH staff may edit the submission before it is posted on the website. I specifically authorize the release of my or my family's information that is subject to the Minnesota Government Data Practices Act, Minnesota Statute Chapter 13, and any other law or rule.

I further release MDH from any liability related to its use of the photograph(s) and story that I submit, including any claims based on the rights of privacy and publicity.

I also understand that refusal to grant such permission would not and cannot result in the loss of any rights to which I am otherwise entitled by law.

I know that should I change my mind about granting permission for MDH to use the photograph or my family's story, I can contact the Newborn Screening Program at any time and ask that they be removed from the website.

Name \_\_\_\_\_

Child(ren)'s name \_\_\_\_\_

Date \_\_\_\_\_

Email address \_\_\_\_\_