



**South Carolina Department of Behavioral Health and
Developmental Disabilities - Office of Mental Health
AUTHORIZATION FOR PUBLICITY PURPOSES
Suicide Prevention Program**

I am giving the South Carolina Department of Behavioral Health and Developmental Disabilities, Office of Mental Health (BHDD-OMH) permission to publish my photo and/or comments in any or all of the following of the BHDD-OMH: in-house newsletters, intra and internet websites, social media accounts, use by centers, hospitals, mental health advocacy projects, general public presentations, informational materials, and televised or web-based public service announcements.

I give the South Carolina Department of Behavioral Health and Developmental Disabilities, Office of Mental Health permission to use **(choose one and please print):**

My full Name: _____

My First Name _____

My pseudonym, pen name, or initials (how you want your name to appear if not your full name):

Name of Publicity Activity: BHDD-OMH Suicide Prevention Month Campaign 2026

☐	I understand that my picture/image, name, voice, and/or testimonial/story may appear in this publicity activity.
☐	I understand that I may be recognized by family members, friends, employers, and the general community at large.
☐	I understand this authorization is irrevocable – that is, it cannot be changed or reversed.
☐	By agreeing to participate in this project, I agree to hold the BHDD-OMH harmless from claims related to any present or future use of my name, voice, image, photograph, likeness, and/or biographical information in connection with this project or any future showings/broadcasts/publications of this project.
☐	I also understand that applicable law may permit or require the use, disclosure or re-disclosure of information about me without my authorization.
☐	If I am a patient, I understand that I can refuse to sign this form and refuse to participate in or attend any publicity activity without jeopardizing my care and treatment by the BHDD-OMH.
☐	I fully understand the above statements and agree to participate in the above-mentioned publicity activity.
☐	I have been given a copy of this authorization.

Please print

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Signature of participant (or guardian if participant is a minor): _____

Witness: _____

Date: _____