



## CONSENT FORM

### PERMISSION TO USE STORY AND/OR PICTURES & VIDEOS

By signing this form, I hereby give my consent for the National Consumer Voice for Quality Long-Term Care (Consumer Voice) to use my story and/or any videos, audiotapes or photos of me in Consumer Voice emails, social media, communication with members of Congress and other advocacy efforts, and on the Consumer Voice website.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Contact information (phone number and/or email)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date