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Van Ness Recovery House
Testimonial Release Form

Purpose

Van Ness Recovery House ("VNRH") shares personal stories from alumni, residents, and community members to inspire others and highlight the power of recovery. We deeply value your privacy and will only share your words, likeness, or story with your written permission.

Permission to Use Testimonial

I, _____, hereby give permission to Van Ness Recovery House to use my written, recorded, or verbal testimonial, in whole or in part, for communication, outreach, and educational purposes.

This may include (check all that apply):

☐ Website
☐ Social media
☐ Printed materials (flyers, brochures, newsletters)
☐ Grant applications and reports
☐ Events or presentations
☐ Other: _____

Nature of Information Shared

I understand that my testimonial may include information about my experiences with recovery, treatment, or services received at Van Ness Recovery House. I acknowledge that I am sharing this information voluntarily and understand it could be considered protected health information under HIPAA.

Confidentiality Options

Please indicate how you wish to be identified:

☐ Full first name and last initial (e.g., "Alex R.")
☐ First name only

☐ Initials only
☐ Anonymous / “Program Graduate”
☐ Other (please specify): _____

I understand that if I choose to remain anonymous, VNRH will take all reasonable steps to protect my identity in published materials.

Rights and Revocation

I understand that:

- I may withdraw this consent at any time by submitting a written request to Van Ness Recovery House.
- Once information is published or shared publicly, VNRH cannot guarantee its complete removal from public view.
- I will not receive compensation for the use of my testimonial.
- Signing this form is completely voluntary and will not affect my current or future relationship with VNRH or any services received.

Authorization and Signature

I have read and understand this release form. I voluntarily authorize Van Ness Recovery House to use my testimonial as described above.

Signature: _____

Print Name: _____

Date: _____

Phone/Email: _____

For Office Use Only

Approved by: _____

Title: _____

Date: _____