EVERY VETERAN MUST SIGN FORM 10-3203 TO COMPETE IN THE LOCAL AND NATIONAL LEVEL CREATIVE ARTS COMPETITIONS. *The signed form should not be submitted to the Arts4Vets App for national competition judging. The signed form must be safeguarded at the Veteran's VA facility.*

Department of Veterans Affairs

CONSENT FOR PRODUCTION AND USE OF VERBAL OR WRITTEN STATEMENTS, PHOTOGRAPHS, DIGITAL IMAGES, AND/OR VIDEO OR AUDIO RECORDINGS BY VA

Name of individual whose statement, likeness, or voice is requested:

NOTE: The execution of this form does not authorize production or use of materials except as specified below. The specified material may be produced and used by VA for authorized purposes identified below, such as education of VA personnel, research activities, or promotional efforts. It may also be disclosed outside VA as permitted by law and as noted below. If the material is part of a VA system of records, it may be disclosed outside VA as stated in the "Routine Uses" in the "VA Privacy Act Systems of Records" published in the Federal Register.

The purpose of this form is to document your consent to the Department of Veterans Affairs' (VA) request to obtain, produce, and/or use a verbal or written statement or a photograph, digital image, and/or video or audio recording containing your likeness or voice. By signing this form, you are authorizing the production or use only as specified below.

You are NOT REQUIRED TO CONSENT TO VA's REQUEST to obtain, produce, and/or use your statement, likeness, or voice. Your decision to consent or refuse will not affect your access to any present or future VA benefits for which you are eligible.

You may rescind your consent at any time prior to or during production of a photograph, digital image, or video or audio recording, or before or during your provision of a verbal or written statement. You may rescind your consent after production is complete if the burden on VA of complying with that request is not unreasonable considering the financial and administrative costs and the ease of compliance of the number of parties involved and **the Veteran's VA facility and the Dept. of VA Office of National Veterans Sports Programs & Special Events.**

The photograph, digital image, and/or video or audio recording will be produced while I am (describe the activity or situation) (***To Be Completed by the Department of Veteran Affairs, if applicable)***

A participant in an adaptive sport or creative arts therapy program sponsored by the Veteran's VA facility and the Office of National Veterans Sports Programs and Special Events (NVSP&SE) and the American Legion Auxiliary.

Check at least one of the following (to be completed by VA)

☒ I hereby voluntarily and without compensation authorize Department of Veterans Affairs NVSP&SE and the Veteran's VA facility to produce a photograph, digital image, and/or video or audio recording of me (or of the above named individual if the individual is legally unable to give consent).

☒ I hereby voluntarily and without compensation authorize Department of Veterans Affairs NVSP&SE and the Veteran's VA facility to obtain or use a verbal or written statement from me (or the of the above named individual if the individual is legally unable to give consent).

I consent to allowing VA to record and use a verbal or written statement, or produce and use photographs, digital images, and video or audio recording for the purpose(s) identified below:

This product will be used: (NOTE: At least one of these boxes must be checked as well as a purpose described below) (to be completed by VA)

☒ Internally (stay within VA) ☒ Externally (shared outside VA)

Please check the applicable purpose(s) (to be completed by VA)

Promotional Efforts:

☒ Internal Publication (only VA) ☒ External publication (publicly available)

☒ Other (Specify): Newspapers, radio stations, television stations, participant profiles, souvenir program booklet and DVD, and other media outlets. In addition, VA may release this information to sponsor organizations of the National Veterans Sports Programs and Special Events in the form of other media products to promote the positive aspects of creative arts therapy.

Research Activities: ☒ Study

Education Purposes:

☒ Presentation ☒ Conference ☒ Publication in a Journal ☒ Training

☐ Other (Specify):

VA ONLY Use:

☐ Performance Improvement ☐ Quality Improvement ☐ Health Care Operations

☐ Other (Specify):

☒ All of the Above

NOTE: Do not sign this form unless one or more of the boxes above has been checked.

I have read and understand the foregoing, and I consent to the use of a verbal or written statement from me, and/or of my likeness and/or voice as specified for the above-described purpose(s). I understand that no royalty, fee, or other compensation of any kind will be made to me by the United States for such use. I understand that consent to obtain, produce, and/or use a verbal or written statement, photograph, digital image, and video or audio recording containing my likeness or voice is voluntary, and my refusal will not adversely affect my access to any present or future VA benefits for which I am eligible. I further understand that I may, at any time, rescind my consent prior to or during production of a photograph, digital image, or video or audio recording. I also understand that I may rescind my consent after production is complete if the burden on VA of complying with that request is not unreasonable considering the financial and administrative costs, the ease of compliance, and the number of parties involved.

Print Veteran Full Name (First and Last Name)	**Veteran Signature**	**Date**
Permission Obtained By (TO BE COMPLETED BY VA) **Print VA Employee Full Name**	**Title**	**Date**
Signature of Person Obtaining Consent (TO BE COMPLETED BY VA) **Print VA Employee Full Name**	**VA Employee Signature**	**Date**

IMPORTANT: If VA is providing or releasing any patient health or demographic information with the verbal or written statement, photograph, digital image, or video or audio recording, VA Form 10-5345, Request for and Authorization to Release Medical Records or Health Information, is required prior to the release of such data to any source outside VA.

Art Division Entry Form

Art Sub-Division:	Fine Art Categories 1-14	Applied Art Categories 15-33	Craft Kit Categories 35-50

**Note: Category 34-Group Art entries should use the entry form on page 29.*

Category Number and Name:			
Title of Piece:			
Veteran Name:			
Veteran E-mail:			
Veteran Phone Number:			
Size of artwork in inches:	Length:	Width:	Height:
Describe mediums and techniques used. For craft kits, please describe enhancements and techniques used. Explanations of mediums/enhancements and techniques used will be shared with the judges during the judging process. *(Do not include Veteran diagnosis information as this will not be shared with the judges in this section.)*			
Military Combat Experience entries - Indicate the various art types/media used to create the piece. This information is helpful to the judges during the judging process.			
Mixed Media category entries <u>must list</u> the **two or more** art types (category types) used. Example: Painting, Sculpture, Carving, etc. 1. 2.			

File Name: Files uploaded to the new Arts4Vets App will automatically be renamed to coordinate with the entry data. For local competition purposes, it is suggested to name the files in a way that works best for the local staff contact person(s). Suggestion: Division-Cat.#-Title of piece-vet initials

Veterans:
By submitting artwork into the competition, you are confirming the following statement is true:
I confirm this art piece was completed entirely by me after April 1, 2020. I have read all the rules for the division in which I am entering and confirm that if my art piece is chosen as the national first-place winning entry, it will be exhibition ready when it is shipped to the Festival host site.

VA Staff Checklist:

- Veteran meets the competition eligibility criteria
- Veteran is approved to enter the NVCA Competition as a representative of this VA facility
- Veteran has signed the necessary consent forms (10-3203 and if necessary, 10-5345)

***VETERANS MUST SIGN FORM 10-5345 IF ENTERING CATEGORIES THAT REQUIRE A WRITE-UP** (Military Combat Experience, Group Art, and all Special Recognition categories) **OR IF BEING NOMINATED FOR A THERAPEUTIC ARTS SCHOLARSHIP.** The signed form should not be submitted to the Arts4Vets App for national competition judging. The signed form must be safeguarded at the Veteran's VA facility.*

Department of Veterans Affairs

REQUEST FOR AND AUTHORIZATION TO RELEASE MEDICAL RECORDS OR HEALTH INFORMATION

Privacy Act and Paperwork Reduction Act Information: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164, 5 U.S.C. 552a, and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However, if the information including Social Security Number (SSN) (the SSN will be used to locate records for release) is not furnished completely and accurately, Department of Veterans Affairs will be unable to comply with the request. The Veterans Health Administration may not condition treatment, payment, enrollment or eligibility on signing the authorization. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices identified as 24VA10P2 "Patient Medical Record - VA" and in accordance with the Notice of Privacy Practices. You do not have to provide the information to VA, but if you don't, VA will be unable to process your request and serve your medical needs. Failure to furnish the information will not have any effect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. VA may also use this information to identify veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law. The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 2 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

ENTER BELOW THE PATIENT'S NAME AND SOCIAL SECURITY NUMBER IF THE PATIENT DATA CARD IMPRINT IS NOT USED.

TO: DEPARTMENT OF VETERANS AFFAIRS (Print or type name and address of health care facility) 810 Vermont Ave., NW Washington, DC 20420	**PATIENT NAME *(Last, First, Middle Initial)*** **SOCIAL SECURITY NUMBER:** ***(Unnecessary to provide for entering NVCA competition)***

NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED:
Newspapers, radio stations, television stations, participant profiles, souvenir program booklet and DVD, and other media outlets. In addition, VA may release this information to sponsor organizations of the National Veterans Sports Programs and Special Events in the form of other media products to promote the positive aspects of creative arts therapy.

VETERAN'S REQUEST: I request and authorize Department of Veterans Affairs to release the information specified below to the organization, or individual named on this request. I understand that the information to be released includes information regarding the following condition(s): ***(Unnecessary to provide this information for entering 2021 NVCA competition)***

☐ DRUG ABUSE ☐ ALCOHOLISM OR ALCOHOL ABUSE ☐ TESTING FOR OR INFECTION WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) ☐ SICKLE CELL ANEMIA

INFORMATION REQUESTED: (Check applicable box(es) and state the extent or nature of the information to be disclosed, giving the dates or approximate dates covered by each)

☐ COPY OF HOSPITAL SUMMARY ☐ COPY OF OUTPATIENT TREATMENT NOTE(S) ***X OTHER (Specify)*** ***General diagnosis or disability***

PURPOSE(S) OR NEED FOR WHICH THE INFORMATION IS TO BE USED BY INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED:
To promote awareness of VA's National Programs and the positive impact of creative arts therapy.

NOTE: ADDITIONAL ITEMS OF INFORMATION DESIRED MAY BE LISTED ON THE BACK OF THIS FORM.

AUTHORIZATION: I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization, in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing the records. Redisclosure of my medical records by those receiving the above authorized information may not be accomplished without my further written authorization and may no longer be protected. Without my express revocation, the authorization will automatically expire: (1) upon satisfaction of the need for disclosure; (2) on _____ (date supplied by patient); (3) under the following condition(s):

I understand that the VA health care practitioner's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions.

DATE	**SIGNATURE OF PATIENT OR PERSON AUTHORIZED TO SIGN FOR PATIENT** (Attach authority to sign, e.g., POA)

FOR VA USE ONLY

IMPRINT PATIENT DATA CARD *(or enter Name, Address, Social Security Number)*	TYPE AND EXTENT OF MATERIAL RELEASED	
	DATE RELEASED	RELEASED BY

VA FORM JUL 2013 **10-5345**