

# **Copyright Disclosure Form**

**NEW YORK STATE DEPARTMENT OF MENTAL HYGIENE**

**OFFICE OF MENTAL HEALTH  
OFFICE OF PEOPLE WITH DEVELOPMENTAL DISABILITIES  
OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES**

**AND**

**RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC.**

The purpose of this form is to disclose copyrighted works, software and digital media.

## Guidelines:

- Disclosure of a copyrighted work is the first step in possible commercialization of the work;
- Provide a concise title to identify the work;
- Provide a brief description of the work, including the type of work, such as software, clinical instrument, digital media, sound recording, multimedia, education curriculum. If possible include with form a copy of the work.
- Identify all sources of funding, including grant or contract numbers, that have contributed to the development of the work; and
- Identify the name of all contributors to the work.

If you need additional information or assistance in completing the form please contact the RFMH Contract and Grant Administrator:

Justin Hladik  
Research Foundation for Mental Hygiene, Inc.  
150 Broadway, Suite 301  
Menands, NY 12204  
Phone: (518) 408-2186  
Fax: (518) 474-6995  
Email: [jhladik@rfmh.org](mailto:jhladik@rfmh.org)

Please return completed form to the attention of the RFMH Contract and Grant Administrator and provide a copy to the Institute Director or Deputy Director of Administration.

**CONTRIBUTORS** (If the contributor has a joint appointment with an affiliated organization, please name the organization):

NAME: \_\_\_\_\_ Degree

INSTITUTE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ Degree

INSTITUTE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ Degree

INSTITUTE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ Degree

INSTITUTE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ Degree

INSTITUTE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**1. Title of the Work:**

**2. Type of work:**

Computer software: \_\_\_\_      Clinical instrument: \_\_\_\_      Multimedia: \_\_\_\_  
Digital media: \_\_\_\_      Sound recording: \_\_\_\_      Curriculum: \_\_\_\_  
Other (please describe):

**3. Description of the work (if possible include a copy of the work):**

**4. Provide sources of financial support for the work:**

Sponsor

Grant Number/Contract

- 1.
- 2.
- 3.
- 4.

**5. Date of creation:**

**6. Date of first copy:**

**7. Publication (month, day and year, medium and country):**

**8. Is this work based on an earlier work that is already published?**

Yes \_\_\_ No \_\_\_

If yes, identify the previous work by title:

**9. Does this work incorporate other works that are copyright protected?**

Yes \_\_\_ No \_\_\_

If yes, describe specifics, and provide copy of permission letter (if any):

**10. Identify uses of the work:**

**11. Identify distinguishing features of this work over existing works:**

**12. Identify current and potential users of the work (provide names, phone numbers and email addresses if available):**

	<u>Name</u>	<u>Organization</u>	<u>Phone/email</u>
1.			
2.			
3.			
4.			

**13. Has the work been publicly disclosed?**

Yes \_\_\_ No \_\_\_

If yes, please describe circumstances and provide dates of disclosure:

**14. Have copies of the work been distributed?**

Yes \_\_\_ No \_\_\_

If yes, please identify recipients:

	<u>Name</u>	<u>Organization</u>	<u>Date/No. Copies</u>
1.			
2.			
3.			
4.			

**15. Did the copies bear a copyright notice?**

Yes \_\_\_ No \_\_\_

If yes, please provide exact working of the copyright notice:

**16. Are any public disclosures planned?**

**17. Signature and percent contribution to the work of contributors making this disclosure:**

Signature	Date	Percent contribution
Signature	Date	Percent contribution
Signature	Date	Percent contribution
Signature	Date	Percent contribution
Signature	Date	Percent contribution
Signature	Date	Percent contribution

**18. Signature of Institute Director or Deputy Director of Administration.**

I have read and understood the foregoing disclosure represented by paragraphs 1-16 above.

Signature	Date
Title	