



PERMISSION TO OBTAIN SERVICES VIA WEB CAMERA

This information is entirely confidential

To best serve your child and family, it may be necessary to utilize our web camera services. This is a camera connected to the computer that transmits and records audio and video over the internet. It may be necessary to share this information with other individuals or agencies who are involved with your child. Information to be shared is limited to what is necessary to enable us to work effectively with you and your child.

Child: _____ Birthdate (mm/dd/yy): ____/____/____

Address: _____

City/Town: _____ Postal Code: _____

In order to quickly provide information to you or other professionals providing service to your child, we sometimes use web camera services over the internet. We take precautions in using web cameras in an attempt to protect your privacy. However, you need to be aware that sending information over the internet does include the risk of personal information being accidentally disclosed to other people (e.g. on the web). For this reason we need your permission to utilize our web camera services.

____ Yes, I give my permission to utilize web camera services.

____ No, I do not give permission to utilize web camera services.

Name of Legal Guardian

Signature

____/____/____
Date (m/d/y)

Witness Signature

This authorization will terminate 12 months from the date of most recent signature or sooner at family's request.

Please turn over →



