

**PERMISSION TO PROVIDE SERVICES VIA
WEB CAMERA and/or TELEHEALTH**

This information is entirely confidential

To best serve your child and family, it may be necessary to utilize our web camera and/or Telehealth services. This is a camera connected to a 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 use Telehealth and/or web camera services over the internet. We take precautions 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 Telehealth and/or web camera services.

____ Yes, I give my permission to utilize Telehealth and/or web camera services.

____ No, I do not give permission to utilize Telehealth and/or web camera services.

Name of Legal Guardian
(mm/dd/yy)

Signature

Date

Vancouver Satellite Centre

#262- 3665 Kingsway, Vancouver, BC, V5R 5W2
PH: 604-428-7949 FAX: 604-428-7950
EMAIL: info@bcfamilyhearing.com

Main Surrey Centre

15220 - 92nd Ave., Surrey, BC, V3R 2T8
PH: 604-584-2827 FAX: 604-584-2800
Toll Free: 1-877-584-2827
EMAIL: info@bcfamilyhearing.com

Victoria Satellite Centre

#320-702 Fort Street, Victoria, BC, V8W 1H2
PH: 778-265-8909 FAX: 778-265-8908
EMAIL: vicinfo@bcfamilyhearing.com