

**PERMISSION TO OBTAIN SERVICES VIA
Skype™/FaceTime**

This information is entirely confidential

You have requested to receive services via **Skype™/FaceTime**. These are free downloadable internet software applications that allow users to transmit video streaming over the internet, via webcam; and/or to share various kinds of files. To participate in this service, please provide the required permission and information on the form below.

Name: _____

E-Mail: _____ Telephone: _____

Address: _____

City/Town: _____ Postal Code: _____

We take precautions in using web cameras in an attempt to protect your privacy. However, since Skype™/FaceTime are public services, 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 services via Skype™/FaceTime.

___ Yes, I give my permission to utilize services via Skype™/FaceTime

___ No, I do not give my permission to utilize services via Skype™/FaceTime

Client Signature

____/____/____
Date (mm/dd/yy)

Our Client Confidentiality Statement is as follows:

“I understand that all information shared with CHHA-NL staff is confidential and will not be intentionally disclosed to third parties without my prior express or implied consent unless required to do so by law.”

Client Signature

____/____/____
Date (mm/dd/yy)