I request that ***CDS*** admit my child to the above-named program and I understand the following:

1. Our involvement with the program will be reviewed with ***CDS*** staff at least every 6 months.
2. ***CDS*** is required to keep clinical records and maintain them in for six years. I am entitled to have access to the record of my child and family although certain limitations may apply.
3. All information gathered about my child, me and my family is considered confidential except as required by law or with my written authorization.
4. Information collected as noted in #3 above, will be kept in secure and in locked locations.
5. ***CDS*** may conduct observations and/or videotape sessions with my child and/or our family for evaluation, teaching, or professional purposes. I am invited to ask any questions about the use of the tapes. The following standards apply to these activities:
	1. Sessions and videotapes are viewed only by designated ***CDS*** staff and/or other approved professionals
	2. No identifying information about me or my child will be available to viewers or published without my permission.
	3. Videotapes are available for my viewing and will be erased at my request.
	4. Videotapes will NOT be used for television or internet broadcasts.
	5. Videotapes are erased every three years with the exception of those identified as research and teaching materials, which are kept for a minimum of 10 years and then erased.
6. **CDS** may conduct video sessions through Remote/Virtual Services if needed (example: Covid-19-restricting families to stay at home) and/or to complete makeup sessions.
	1. Video sessions will be recorded and then downloaded to SNAP OneDrive account.
	2. Families have been notified of limitations of confidentiality with remote services
7. ***CDS*** full and part time staff, consultants, students, interns and volunteers will not be held responsible for any claims arising from injury, sickness, or accident suffered or sustained by my child while participating in the program or engaged in any ***CDS*** activity or outing.
8. With my written authorization ***CDS*** will make every effort to connect and collaborate with other service agencies involved with my child and family. I also understand that I can revoke this specific consent at any point over the period of my involvement with ***CDS***.
9. ***CDS*** requests that I complete specific forms/measures for planning, service evaluation and research purposes. I agree to respond to such requests during the course of involvement with CDS. Following the end of services, I consent to being contacted on a periodic basis by ***CDS*** to seek follow-up information on its services.
	* 1. The information gathered is confidential and secured.
		2. All gathered information will be combined with other participants’ data for research/evaluation purposes. Reports do not identify individual participants.
		3. The information may be presented at conferences and meetings that take place onsite or offsite of ***CDS***.
		4. I can ask any questions about the evaluations conducted during the course of program.
		5. My refusal to participate in any of the evaluation or follow-up research, or removal of consent at any point, will not jeopardize my child’s or family’s current or future involvement with ***CDS***.

I have received a ***CDS*** Parent Information Pamphlet and have been offered the opportunity to discuss its content (Parent Involvement Confidentiality, Rights & Responsibilities, Cultural Competence, Participant Complaints, Benefits and Concerns & Ending Services).

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Parent/Guardian Date

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Parent/Guardian Date

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Witness Date