**Acknowledgement of Policies and Procedures and Receipt of Notice of Privacy Practices**

**It is a standard practice of the Sampson County Child Advocacy Center to digitally record all child interviews. Photographs and recordings of any or all parts of the child’s examination may also be made. Copies of recordings will be provided to the law enforcement investigator assigned to each case.**

**\_\_\_\_\_\_\_\_\_\_\_\_ I understand that digital recordings may be taken and that they may be used in legal**

**(please initial ) proceedings.**

**\_\_\_\_\_\_\_\_\_\_\_\_ I understand that the Sampson County Child Advocacy Center will retain ownership rights to**

**(Please Initial) these recordings and that they will be stored in a secure manner for the**

**amount of time required by law.**

**\_\_\_\_\_\_\_\_\_\_\_\_ I understand that these recordings (with no identifiable information or markers)**

**(Please Initial) may be used by the Sampson County Child Advocacy Center for training or educational**

**purposes.**

**It is standard procedure of the Sampson County Child Advocacy Center to share case information with investigative agencies as well as with the Sampson County Multidisciplinary Team. Information concerning forensic interviews and medical exam findings will be shared with the other members of the investigative team and may be used as evidence in a court of law.**

**\_\_\_\_\_\_\_\_\_\_\_\_ I understand that the Sampson County Child Advocacy Center may share case information with**

**(Please Initial) other appropriate agencies as deemed necessary.**

**Your signature below indicates your understanding of the practices of the Sampson County Child Advocacy Center in taking photographs and digital recording and also indicates you fully understand that your child’s case will be discussed by the Multidisciplinary Team for the purpose of making case recommendations for appropriate services for your child and family. By signing below, you also acknowledge that:**

* **You are either the patient or the patient’s personal representative;**
* **You have received a copy of the “Notice of Privacy Practices” for the Sampson County Child Advocacy Center; and**
* **You understand that you may contact the person named in the Notice of Privacy Practices if you have questions about the content**

**………………………………………………………………………………………………………**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Parent/Guardian Printed Name)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Parent/Guardian Signature)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Date)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Witness Signature)**