

NAME OF CAC

AUTHORIZATION TO PERFORM FORENSIC INTERVIEW

A. AUTHORIZATION TO INTERVIEW AND TELEMEDICINE CONSENT:

I, the custodial parent/guardian, give my permission for the **NAME OF CAC** and other persons designated by the **NAME OF CAC**, to perform a forensic interview on my child/ward,
(Name) _____.

Yes No
 I authorize the use of video and/or audio recording in the course of interview of my child.

Yes No
 I understand that the laws that protect confidentiality apply.

Yes No
 I authorize use of video and/or audio recording with no identifying information of my child to be used for training or educational purposes.

Yes No
 I understand that the forensic interview is not the property of the Children's Advocacy Center and that if at any point in time I need a copy of the interview the request must be made to the professional party who ordered the forensic interview (i.e. law enforcement and/or the department of social services).

Signature of Legal Guardian

Relationship to child

Date

B. CONDITIONS

1. We are required under state law to report suspected child abuse and will do so if information is obtained during the medical assessment and forensic interview which warrants a report.
2. Information concerning the interview, examination and family history of the child will be released to the Department of Social Services, Law Enforcement agencies, physicians conducting forensic medical examinations and all other persons provided by law.
3. The interview will be video and/or audio recorded. Any recordings may be used for medical evaluation, child protection assessment, and as otherwise provided by law.
4. Because a child's statement may be used in a legal proceeding, each person who interacts with the interviewed child is a potential witness. You will only receive an oral report of what occurred during the interview.

I have read, understand and agree to the conditions described above in Section B.

Signature of Legal Guardian (must be same person as signing above).

Date