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| http://nebula.wsimg.com/58339aa1b74bb8411fbc962fc26e8976?AccessKeyId=A56382D5F148D79BD23A&disposition=0&alloworigin=1 |  **O.U.R. Center** *Opportunity, Understanding, Respect* | **Audio Monitoring Consent Form** |

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| Child/Youth Name: | Child’s DOB: |
| Foster Parent(s): | Case Manager: |
| Agency: | Society Worker: |
| Date: | Date for Review: |

Audio monitoring (not recording) may at times be used to ensure the safety and wellbeing of children and youth supported by OUR Center. Audio monitoring may not be used without the informed consent of the child/youth or the decision maker for the child/youth. The purpose(s) for use of audio monitoring must be clearly outlined in the consent form when seeking permission from the child/youth or the appropriate decision maker.

The following general principles are to be applied when seeking permission for the use of audio monitoring:

* Adequate information about the purpose of the monitoring must be provided at the time permission is sought;
* The audio monitoring must not compromise the privacy and dignity of the child/youth;
* The audio monitoring must not be used for purposes outside the scope of the original consent for use unless further consent is obtained;
* Consent for audio monitoring must be reviewed every 6 months and updated accordingly;
* Consent for audio monitoring can be revoked at any time

**Purpose for Audio Monitoring (NOT Recording): Self Harm/Suicidal Ideation/Aggression/Infant/Other**

**Location of Audio Monitor(s):**

[ ]  Bedroom [ ]  Common Area [ ]  Hallway [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **CONSENT: DATE:**      **Child/Youth Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**CAS Worker Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Case Manager Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Foster Parent Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Foster Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |