






CLIENT SOCIAL MEDIA COMMUNICATIONS AGREEMENT

Youth Services acknowledges that social media can be an important communication tool, and sometimes the only communication tool, when people do not have access to phone, mail or email. In order to protect your confidentiality and to assure that we do not risk violating laws intended to protect your privacy, Youth Services requires that people utilizing services agree to the following social media usage terms:

Communications via social media will be used primarily to:

- Make contact/touch base
- Set up a meeting, send a meeting reminder or for other scheduling purposes
- Follow-up after completing a program to see if further supports are needed

I, _____ (your name), would like to utilize the following social media sites to communicate with Youth Services' staff:

<input type="checkbox"/>		Contact name/number: _____
<input type="checkbox"/>		Contact name/number: _____
<input type="checkbox"/>		Contact name/number: _____
<input type="checkbox"/>		Contact name/number: _____
<input type="checkbox"/>		Contact name/number: _____
<input type="checkbox"/>	Other	Contact name/number: _____

_____ (initial) If my privacy settings are set to only receive messages from friends, I give Youth Services permission to “friend” me for the purposes of private communication.

_____ (initial) I understand that the person providing services will never tag me or otherwise publicly share my information. If I publicly tag or otherwise acknowledge a Youth Services service provider the tag will be removed to protect my privacy.

_____ (initial) I understand that social media is not a way to reach my service provider immediately.

_____ (initial) I understand that this agreement is voluntary and that I will not be found ineligible for services should I not agree to these terms.

This agreement remains in effect for one year after I complete my program with Youth Services unless otherwise revoked. If I wish to revoke or change this agreement, I may do so at any time by contacting my case manager at Youth Services.

Signature

Date

Parent/Legal Guardian

Date

Youth Services Staff

Date