



Alphabet Shuffle, LLC

Consent for Unauthorized Recordings on the Premises

Name: _____

Date of Birth: ____/____/____

Unauthorized Recordings on the Premises

Alphabet Shuffle, LLC is a Mental Health Out-Patient Clinic, and we are legally bound to protect the confidentiality of our clients. Therefore, we prohibit any taping, photographing, or the use of any other means that would disclose confidentiality. You may not record any conversations, install any programs or apps, use any device, or in any way record, transmit, photograph, or eavesdrop upon the sounds or events that are happening within Alphabet Shuffle, LLC’s practice.

According to Michigan Laws any infractions against Michigan’s eavesdropping law can be considered a felony and punishable by a fine of up to \$2000 and incarceration. Sharing information that one knows, or can be expected to know, was intercepted illegally through eavesdropping or video capture is considered a felony subject to a fine of up to \$2,000 and a maximum of five years in prison. In addition to subjecting you to criminal prosecution, violating these provisions can expose you to a civil lawsuit for money damages by an injured party.

Unauthorized or secret recording of confidential, proprietary, personal information, personal images, or voices of anyone within Alphabet Shuffle, LLC is prohibited. “Unauthorized” means any purpose not approved by management. “Recording” means the use of any device to capture images or voices, regardless of whether in person, by telephone or by other means, such as videoconferencing, screen shots, facetime, click-to-chat, or in writing. Alphabet Shuffle, LLC is committed to promoting honest and ethical standards of business.

Consent and Authorization

A copy of this consent and authorization may be used in place of the original. I have read and understand the terms of this document. I have had an opportunity to ask questions about the unauthorized recordings on the premises and about the contents of this form. I acknowledge and agree to the terms and conditions of this document.

Signature of Client or Legal Representative for Minor

____/____/____
Date

Signature of Minor Age 14 Years or Older

____/____/____
Date