



WillowSpringsCenter

Residential Treatment for Kids

Visitor/Viewer Agreement

I understand that any information which is disclosed to me while I am visiting Willow Springs is confidential and that this confidentiality is protected by Federal Law. I understand that I cannot make any disclosure of such information without the written consent of the person to whom the information pertains. (Federal Regulations 42 CFR Part 2).

*I understand that this is an agreement to view a graduation ceremony taking place at Willow Springs Center and that I will not include persons who have not signed this agreement. I also understand that I will not take screen shots or pictures of the ceremony in order to respect the privacy of the persons at Willow Springs Center.

Viewers Name (Please Print)

Viewers Name (Please Sign)

Date