



# *Westpark Dental*

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## **CONSENT AGREEMENT FOR SURVEILLANCE EQUIPMENT**

I Hereby acknowledge and consent to the use of security cameras on these premises. I am aware that the security cameras are in use for the protection and security of both the patients and the employees. The security cameras are installed throughout the building and will be monitored for safety purposes.

Print Name \_\_\_\_\_

**Signature of parent/legal guardian** \_\_\_\_\_ Date \_\_\_\_\_  
(if subject if a child )

Print Name \_\_\_\_\_

**Signature of participant** \_\_\_\_\_ Date \_\_\_\_\_