

[Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

Re: Engagement for Biometric Data Privacy Counsel

Dear [Client Contact Name],

This letter confirms the terms upon which [Law Firm Name] ("the Firm") will provide legal services to [Client Name] ("the Client") regarding compliance and risk management related to biometric data privacy laws.

1. Scope of Services

The Firm will provide legal counsel regarding biometric privacy matters, including but not limited to:

- Compliance with the Illinois Biometric Information Privacy Act (BIPA), CCPA/CPRA, and other relevant state and federal regulations.
- Drafting and reviewing biometric data consent forms and public-facing privacy policies.
- Reviewing vendor agreements and data processing addendums regarding biometric identifiers.
- Advising on data retention and destruction schedules for biometric information.

2. Fees and Billing

Our professional fees will be based on the hourly rates of the attorneys and professionals assigned to this matter. [Optional: A retainer of \$_____ is required prior to the commencement of work]. We will provide monthly itemized invoices due within [30] days of receipt.

3. Client Responsibilities

The Client agrees to provide all necessary information regarding its current data collection practices, hardware/software utilized for biometric processing, and existing employee or consumer policies to ensure accurate legal guidance.

4. Confidentiality

The Firm will maintain the confidentiality of all information provided by the Client in accordance with the Rules of Professional Conduct and attorney-client privilege.

5. Termination

Either party may terminate this engagement at any time upon written notice, subject to the Firm's ethical obligations and the Client's obligation to pay for services rendered through the date of termination.

Please sign and return a copy of this letter to indicate your acceptance of these terms.

Sincerely,

[Attorney Name]
[Law Firm Name]

Agreed and Accepted:

Signature: _____

Name: [Authorized Signatory Name]

Title: [Title]

Date: _____