

**CONSENT TO VIDEOTAPE**

I, , authorize Georgian College’s Harmonize for

(Print name)

Speech, Hearing and Language Clinic, and its Faculty Speech-Language Pathologist (SLP)

Clinician, and Communicative Disorders Assistant (CDA) Students (hereinafter, the “clinic”) to

videotape therapy sessions of for the following purpose(s):

(Print name of client)

Please check your preference below:

□ For review by the clinic for the purpose of tracking client progress and providing feedback.

□ For educational purposes to teach theory and techniques of therapy intervention to CDA students and clinic staff.

□ For research purposes carried about by the clinic that involve the study of communication delays/disorders.

I understand that the clinic will not use the recordings outside of the clinic without further written consent by me. I understand that I may withdraw my consent to videotape at any time.

Name of client:

Signature of client/parent/guardian:

Relationship to client:

Witness:

Date: