

UNIVERSITY of HOUSTON

College of Liberal Arts and Social Sciences
Speech-Language-Hearing Clinic

Consent for Audio-Video Recording

I understand that all sessions may be audio/video recorded by appropriate clinical staff and trainees. It is also my understanding that these recordings and observations shall be for the purpose of training students and will not be used for research. The recordings shall be used solely as authorized by the University of Houston Department of Communication Sciences and Disorders professional staff. I also understand the assessment and treatment information shall remain strictly confidential with the professionals viewing and/or listening to recordings or sessions. I understand that I may withdraw my permission to record future sessions at any point by submitting such withdrawal in writing. I have read and understand the conditions of this consent form and all of my questions have been answered to my satisfaction.

Please check one option below:

_____ I have read the terms above and agree to being audio-video recorded.

_____ I DO NOT consent to being audio-video recorded.

Client's Signature/Date

Staff Signature/Date

If Client is under 18 years of age, Parent/Legal Guardian must complete information below:

Parent/Legal Guardian's Signature/Date

Relationship to Client

Any Family Members or Others being audio/video recorded must also consent by signing below:

Signature/Date

Signature/Date

Signature/Date

Signature/Date

Note: Modification of this Form requires approval of the Office of General Counsel, University of Houston System

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