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Consent to be Photographed, Audiotaped, and/or Videotaped

In order to provide excellent care, track progress, and assist in parent training, All About Speech, Inc. may photograph, audio tape and/or video tape evaluation and treatment sessions to be used solely for instructional, educational and diagnosis purposes.

I am either signing for myself or have legal guardianship for the individual listed below and I agree to allow the named individual to be photographed, audiotaped, and/or videotaped as part of the evaluation and treatment sessions. I understand that All About Speech Inc. will not use the recordings outside of the clinic without further written consent by me.

Name: _____

Relationship: _____

Signed: _____ Date: _____