College of Health Solutions
Arizona State University
Speech and Hearing Clinic

ASU Speech and Hearing Clinic
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Tempe, AZ 85287-0102

Phone: (480) 965-4257
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Web: https://shs.asu.edu/clinic

Consent to be Observed, Videotaped and/or Audio taped for Educational Purposes

Patient's Name: _____ Patient Representative (if any): _____

Address: _____ Phone Number: _____

Purpose of the observation, videotaping and/or audiotaping. Diagnostic and treatment services provided in the ASU Speech and Hearing Clinic may be observed (via a one-way mirror or remote video feed), videotaped, or audio taped for the purposes of diagnosis and treatment planning as well as for educational purposes, such as clinical training. Upon consent, students enrolled in clinical courses in the Department of Speech and Hearing Science and supervisors monitoring student performance may observe diagnostic and/or treatment sessions via a one-way mirror or remotely via observation cameras, without recording the sessions. If consent to record the session is granted, the following are three ways the video tape and audio tape may be used:

1. Client video tapes and or audio tapes may be used by the treating student clinician and supervising clinical faculty for clinical training and/or diagnosis and treatment planning.
2. Client video tapes and audio tape may be shown in academic classes for student training purposes. In these cases, only first name or initials will be used.
3. Client video and audio tapes may be used for professional purposes (e.g., presentation at professional meetings). Again, for confidentiality purposes, only first name or initials will be used.

How long will video or audio tapes be kept? Tapes or other recordings will be stored for a maximum of 5 years. When not in use, video and audio tapes will be stored in a confidential manner.

Right to Revoke. You have the right to refuse to provide and to revoke this authorization at any time. ASU may not condition any treatment upon the condition of obtaining this authorization.

Are there any financial considerations? There will be no cost or payment to you if you sign this form.

What do I do if I have questions, now or later? If you have questions now, you should ask the person obtaining your consent. If you have questions in the future, you may call the Clinic Director at 480-965-2373.

Please initial all consents that apply:

___ I hereby give my consent to be observed and have the photographs, videotaped images, other images, or audio recordings made of my family member or myself used for clinic training and/or treatment planning as set forth situation one (1) above.

___ I hereby give my consent to have photographs, videotaped images, other images, or audio recordings made of my family member or myself to be shown in academic classes as set forth in situation two (2) above.

____I hereby give my consent to have photographs, videotaped images, other images, or audio recordings made of my family member or myself to be shown at professional conferences as set forth in situation three (3) above.

____ I do not give my consent to have photographs, videotaped images, other images, or audio recordings made of my family member or myself in any of the situations set forth above; however, observation by students and/or supervisors is permitted.

_____ _____
Signature of client Date

_____ _____
Signature of representative (if any) Date