

**Purvi Gandhi, M.A., CCC-SLP, TSSLD
Certified Speech-Language Pathologist
127 South Street, Oyster Bay, NY 11771
(917) 860-3373
License# 016449-1**

Video and Audio Recording Acknowledgement and Consent Form

I, _____, understand that Purvi
[PARENT'S/GUARDIAN'S NAME]

Gandhi Speech Language Pathology Services may use video or audio recording and related equipment for diagnostic and treatment planning purposes.

I further consent to the use of video and audio tapes by the company for the purpose of training personnel in the health care and education fields. I understand that if the company uses any video or audio tapes for training purposes, the company will protect my, and my child's identity and will disclose only those details about the child's condition and treatment process necessary for training purposes.

Accordingly, by signing below, the undersigned does hereby release and waive any and all rights that the undersigned may have in any recordings and assigns such rights to the company to be used in accordance with the terms of this consent form.

Signature/Date

Print Name

Child's Name: _____

Date of Birth: _____