



Release to Audiotape and Videotape

I hereby authorize Wonderfully Made Speech and Language, LLC (“WMSL”) to audiotape and/or videotape, \_\_\_\_\_, during speech and language assessment and/or treatment procedures as indicated by the treating Speech Language Pathologist. The audiotape and/or videotape will be used to gather information related to assessment, treatment progress and as a teaching instrument during treatment. The audiotape and/or videotape will be a part of the client’s protected health information, and will be handled in accordance with all applicable laws and WMSL’s policies and procedures.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Client Signature  
(or signature of legal guardian)

\_\_\_\_\_  
Date