



Authorization to Video/Audio Record

By signing this form, I, _____, hereby grant permission to
(Parent/Guarantor)
Speech Matters, LLC, to video/audio record _____ for the
(Client Name)
purpose of evaluation and treatment. I further grant permission to Speech Matters,
LLC to share any therapy session video/audio recordings with the Client's
education team, medical professionals and/or treatment providers.

Parent/ Guarantor Signature

Date