

## VHCP Recording Authorization

### What is the purpose of this form?

You are being asked to sign this authorization due to your participation in the VHCP Practicum Health Coach Training. We record classes and coaching sessions for learning purposes. As a part of the student coach's learning, they are asked to record sessions to self-evaluate and receive feedback on their coaching from VHCP Faculty and fellow trainees on mentorship calls.

Please read the details of this consent below.

I authorize Vanderbilt University (VU) and Vanderbilt University Medical Center (VUMC) personnel to make and share video recordings and sound recordings of my health coach training participation that document my role as a client in educational activities of the Vanderbilt Health Coaching Program **for educational purposes only**.

I understand that that I may be identifiable even in sound recordings, though my name will not be used unless I specifically agree below. **I grant this authorization as a voluntary contribution in the interest of health coach training and knowledge.**

**I release any and all rights or claims for payment or royalties** in connection with these recordings, regardless of whether such use is under philanthropic, commercial, or private sponsorship, and regardless of whether a fee is charged for an educational experience.

**I agree to release and hold harmless VU and VUMC**, their respective trustees, agents, officers, and employees from any liability related to the making or use of these videotapes or sound recordings or written/audio accounts for the purposes stated above.

**I understand that this authorization may be revoked in writing at any time**, except to the extent that action has been taken in reliance of this authorization. I understand that the information released may be subject to re-disclosure by some recipients and may no longer be protected by federal and state privacy rules related to health information. Authorization for all uses and disclosures indicated above will expire 10 years from the date of signature, however, I acknowledge VU and VUMC are unable to control the continued use of videos, sound recordings and digital copies by non-VU and non-VUMC personnel after expiration of this authorization.

VHCP Health Coaching Trainee Coach: Cindy Chafin

VHCP Health Coaching Client Name:

Date signed by Client:

Client Signature: