



The Speech & Language Connection

Pamela L. Beaumont, M.S., CCC-SLP
Speech-Language Pathologist

**CONSENT FOR AUDIO AND/OR VIDEO RECORDING OF INFORMATION AND
RELEASE OF INFORMATION REGARDING EVALUATION/THERAPY SERVICES AND
APPOINTMENTS**

Client Name: _____

Client Date of Birth: _____

School: _____

Parent/Legal Guardian Name: _____

Contact Name: _____

Allowed Contact Telephone Number for Texting: _____

Allowed Contact Email Address: _____

I authorize Pamela L. Beaumont, M.S., CCC-SLP (DBA: The Speech & Language Connection) to: audio and/or video record online therapy/evaluation sessions for evaluation purposes regarding the above-named client. Audio and/or video recordings will be deleted once the written evaluation report has been submitted and the eligibility and/or results meeting has taken place. Permission is also granted for texting/emailing reports, updates/progress regarding speech therapy/evaluation sessions, recommendations, reminders, and information regarding therapy/evaluation appointment dates, times, changes and cancellations.

Signature of Parent/Legal Guardian: _____ Date: _____

Signature of Client: _____ Date: _____

(if 18 years of age or older)

I also authorize Pamela L. Beaumont M.S., CCC-SLP to discuss client information (including billing information, scheduling information, evaluation results, and client progress) via telephone, text, and/or email with:

1.

Phone number:

Email address:

Signature of Parent/Legal Guardian: _____ Date: _____