

Study Tracking Number: \_\_\_\_\_

Client /Participant's Name: \_\_\_\_\_

Health Record No. \_\_\_\_\_  
(if applicable)

**Consent for Client Photography and  
Audio Visual Recording  
For Research Purposes**

I, \_\_\_\_\_, give my consent to have one or more of  
(print name in full)  
the following done: (please check all that apply)

- Photography
- Videotaping
- Audiotaping
- Other (please specify): \_\_\_\_\_

I understand that the recordings will be used for:

Title of Study: \_\_\_\_\_

I understand that the recordings will be stored in a secure, locked location that will protect the privacy of the person recorded, accessed only by members of the research team, kept for the time period required by law or as outlined in the Bloorview Kids Rehab retention schedule for research data, and destroyed according to legal requirements.

I understand that the recordings are the property of Bloorview Kids Rehab, but that I may request access to view them and/or obtain a copy according to hospital policies and procedures. I realize that I may have to pay the costs of having a copy made. I will not make copies of them without written approval of Bloorview Kids Rehab.

I understand that I have the right to refuse to take part in this study or to refuse to have these recordings done. I also have the right to withdraw my consent at any time (for example, before or even after the recordings have been made) and this decision will not have a negative effect on the services my child or I receive from Bloorview Kids Rehab.

I understand that the recordings will be used only for the purposes noted above,

OR

In addition, I consent to these recordings to be used for:

- Teaching and demonstration at Bloorview Kids Rehab
- Teaching and demonstration at sessions outside of Bloorview Kids Rehab
- Other purposes (please specify) \_\_\_\_\_

I understand that I have the right to withdraw my consent for other uses of the recordings at any time.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant or Person Legally  
Authorized to Consent

\_\_\_\_\_  
Relationship to Participant

\_\_\_\_\_  
Printed Name of Investigator

\_\_\_\_\_  
Investigator's signature