

# Audio/Video Recording Research Consent Form

## Research Study Information

Title of Study:

Principal Investigator:

Institution/Organization:

## Purpose of the Study

## Procedures

## Audio/Video Recording

## Confidentiality

## Voluntary Participation

## Contact Information

If you have any questions or concerns about this study, please contact:

## Consent

☐ I agree to be audio/video recorded for the purposes described above.

Name of Participant:

Signature:

Date: