



The Academy of Neurologic Music Therapy

<http://nmtacademy.co>

## Video Release

- 1) Any and all video used for Fellowship or presentation purposes should have a signed release from the individual(s) and/ or family member(s) involved.
- 2) Any and all video used for training or educational presentation purposes should have a signed release from
  - a. The therapist providing treatment.
  - b. The individual(s) and/or family member(s) involved.

### Example Release Form:

#### Music Therapy Video Consent Form

I, \_\_\_\_\_ authorize \_\_\_\_\_ (Employees/Faculty/Students) to video record music therapy sessions at \_\_\_\_\_ (Name of Facility or Clinic). (The Music Therapy clinic and Community NMT exercise classes are designed to teach music therapy students how to apply techniques in Neurologic Music Therapy and also to provide you and your caregivers with tools to use in the home.) My consent to video record could be for two uses:

- 1) The creation of a DVD for a clinical demonstration during presentations
- 2) As teaching examples for other music therapy students and professionals. When showing the clips, efforts will be made to protect your identity. Your first name may be used on the video; however, last names will never be used.

You are not required to sign this consent form and you may refuse to do so without affecting your right to any services you are receiving or may receive from \_\_\_\_\_ (Facility Name).

Please initial by the items to which you are providing your consent:

\_\_\_\_\_ Creation of a DVD for a clinical demonstration during presentations

\_\_\_\_\_ Music therapy teaching examples for use in teaching music therapy students and/or related professionals

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_