



Kelly A. Smith, M.S. CCC-SLP
9910 White Blossom Blvd.
Louisville, KY 40241
502-377-6843
kelly@timetotalk.pro
www.timetotalk.pro

Media Consent

I, _____ give consent for my child,
_____ to be photographed by Time to Talk, LLC (TTT).

I understand that the pictures may be shown in publications (such as brochures and websites) to advertise TTT.

I understand that no names or other identifying information will be listed with any pictures used.

I understand that the above authorizations may be rescinded at any time when presented in writing to Kelly Smith/Time to Talk, LLC.

Signature _____ Date _____

Video Consent

I, _____ give my consent for my child,
_____ to be videotaped by Time to Talk, LLC.

I understand that the videotapes may be shown to other Speech-Language Pathologists, physicians or teachers for the following purposes:

1. To study and improve the evaluation and treatment of my child.
2. To aid in the education and improvement of therapy skills in speech/language pathologists.
3. To demonstrate the speech-language therapy process to parents.

I understand that every effort will be made to identify my child by his/her first name only, but that it is possible that his/her last name may be associated with the videotaping.

I understand that the above authorizations may be rescinded at any time when presented in writing to Kelly Smith/Time to Talk, LLC.

Signature _____ Date _____