**Research Subject**

**Audio/ Photo/Video Consent Form:**

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| **Title of Study:** | Insert Title of Research Study Inset Study Number |
| **Principal Investigator:** | Name of the Principal InvestigatorDepartment of Principal Investigator Applicable NYU School or College AddressPhone Numbers |
| **Emergency Contact:** | Insert Emergency ContactInsert Phone Number/Pager, etc. |

* Mandatory text that needs to be edited by you is shaded in green; provide the

correct text and remove the green shading before submitting your consent(s) to the

IRB

* Instructions are blue and italicized; delete all instructions and ensure the added text is black and matches the standard text of the document before submitting your consent(s) to the IRB
* Notes are red and italicized; delete all instructions and ensure you have addressed these instructions if they are relevant before submitting your consent(s) to the IRB

**Use of Study Audio/Video Recordings:**

Each session will include *audio, photo and/or video* recordings (A/V recordings). These recordings will be labeled only with a code number, which will be kept in the Investigator's files. The tapes will be used for *[explain how audio/photo/video recordings will be used for study purposes].*

If you agree to participate in this study, your signature on this consent form gives the researchers permission to make and retain the audio/video recordings for this study. You have the right to review the recordings and to request that all or any portion of the recording be erased.

*[Note: If a researcher wants to use audio and/or video recordings for non-study purpose (e.g. teaching), the patient must sign a valid HIPAA authorization form to use audio, photo and/or video recordings (see below).*

*The “Authorization for Use and Disclosure of PHI for Academic Purposes” form found on the Compliance Policies intranet site (*[*https://central.nyumc.org/shared/legal/compliance/Pages/Policies-and-Procedures-.aspx*](https://central.nyumc.org/shared/legal/compliance/Pages/Policies-and-Procedures-.aspx) *or in the HIPAA manual in Ellucid (*[*https://nyumc.ellucid.com/documents/view/4582*](https://nyumc.ellucid.com/documents/view/4582)*), must be used and maintained for a minimum of six (6) years.]*

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| **When you sign this form**, you are agreeing to consent for the use of the A/V recordings for study purposes only. This means that you have read the consent form, your questions have been answered, and you have decided to volunteer. |

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| Name of Subject (Print) |  | Signature of Subject |  | Date |
| Name of Person Obtaining Consent (Print) |  | Signature of Person Obtaining Consent |  | Date |