



**Institute for  
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## **Informed consent regarding video recording**

As a participant in the research study Clinical Application of „Assessment of Parent-Child Interaction“ (APCI), I consent to all sessions of me and my child being video recorded.

I give my permission for the following:

- The video material may be used for data analysis carried out by the music therapist
- The video material may be used to discuss the study within a multidisciplinary team.
- The video material may be used for education and other forms of disseminations

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The prerequisite for this consent form is that all recordings will be kept confidential. The music therapist is responsible for access to the recordings and will only grant access to others in accordance with your permissions given above. The material will be stored for 5 years, after which it is deleted. It is always possible to withdraw this consent form, in which case all the video material will be deleted immediately.

Project title;  
Clinical Application of  
„Assessment of  
Parent-Child  
Interaction“ (APCI).

\_\_\_\_\_  
Name of parent

\_\_\_\_\_  
Name of child

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature