

**Sleep Smart**

Consent for Video Taping and Monitoring:

I, \_\_\_\_\_, hereby give my consent for video taping, monitoring, filming and/or photography for the professional use in diagnosing and recommending treatment and/or teaching. I understand that my name will be kept confidential at all times regardless of the use of this film, video, or photograph.      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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