## **Clinician's Certification of Client Consent**

I hereby certify that I have obtained a signed consent from my client to record the
enclosed audiotape and submit if for research purposes to the University of New Mexico.
In order to protect my client's autonomy, I am retaining the signed original consent form in the clinical file.
Clinician's name (printed or typed)

Clinician's signature\_\_\_\_\_\_ Date \_\_\_\_\_