



CLIENT INFORMATION FORM

Speech-Language-Hearing Clinic
516 High St, MS 9171
Bellingham, WA 98225
Phone: 360.650.3881 Fax: 360.650.4334

Please complete all sections of this form.

CLIENT CONTACT INFORMATION

Client Name: _____ Date of Birth: _____

Are you currently a WWU Student? Yes No

Parent/Guardian/Personal Representative Name: _____

If Guardian/Personal Representative, what is your relationship to the client: _____

Client Address: _____ City/State/Zip: _____

Email address: _____

Home Ph: () _____ Work Ph: () _____

Cell Ph: () _____ Other Ph: () _____

I give consent for the Clinic to leave a voicemail with minimal information at the phone numbers checked above.

_____ **Initials to indicate consent**

Emergency Contact Name (other than parent/guardian listed above): _____

Emergency Contact Phone #: _____ Relationship to client: _____

CONSENT FOR CARE

I hereby authorize the WWU Speech-Hearing-Language Clinics to provide evaluation and treatment for services for the above named client. Additionally, if the faculty, staff, and/or other clinic personnel determine that the client is in need of emergency medical care, the clinic is hereby authorized to obtain the care required, at the expense of the undersigned.

Client or Representative Signature: _____ **Date:** _____

SUPERVISION OF MINORS POLICY

Under state law, individuals under the age of 17 are considered minors. Parents/guardians are asked not to leave the clinic while a minor under the age of fourteen is in therapy at this clinic. For clients ages 14 to 17, parents/guardians may choose whether or not to accompany the minor to their appointment. Parents/guardians are solely responsible for determining how their children may safely travel to Western for their appointment (e.g. bus, drive, walk, bike, etc).

Client Name (Print): _____

PROVIDING EQUAL OPPORTUNITY AND PROHIBITING ILLEGAL DISCRIMINATION

Western Washington University is committed maintaining an environment that supports diversity and is free of illegal discrimination including sexual harassment. The University requires its students, faculty, and staff to comply with its policies on equal opportunity and prohibiting illegal discrimination. Western’s policies can be viewed at <https://policy.wvu.edu>. Please contact the University’s Equal Opportunity Office if you have any questions or concerns.

Disability Accommodations: Please let us know if you need an accommodation to facilitate your health care services.

Accommodations needed: _____

PROTECTING CHILDREN AND VULNERABLE ADULTS AND REPORTING CONCERNS OF SAFETY AND WELFARE

Western Washington University is committed to the protection of children and vulnerable adults who are participating in a University sponsored program, event, or activity. Students, faculty, and staff are required by law and University policy to report or cause a report of suspected abuse or neglect of a child or vulnerable adult (POL-U5315.21). Western employees are also required to report communicable diseases (POL-U1000.12).

OBSERVATION AND RECORDING

The services offered to individuals seen in the Clinic are part of the University’s education program. Western Washington University faculty, staff, and students receive educational benefits from observing diagnostic, treatment, and other services offered in the University facilities.

Basic Consent: By accepting services from the Clinic, I consent to observation by WWU faculty, staff, and students, either live, via recording, or via closed circuit television when I (or the client) receive services.

_____ (initials)

Consent to record sessions: In addition, Western Washington University may make audio and/or video recordings of me (or the client) during such service periods to be used for the University’s educational purposes, provided the name of the client or other personal identification information is not revealed. These data are only available for training purposes. All uses for commercial or research purposes are prohibited unless a separate permission is obtained. Those using these data must subscribe to a Code of Ethics that requires them to respect the rights of all participants. Segments of the tape/digital recording with accompanying transcriptions may be presented in the context of academic symposia, university classes and professional, family or client training activities. Data will be made available to students and professionals through CD-ROM, web distribution by password, or other media now known or later developed.

_____ (initials)

Client Name (Print): _____

Consent to be contacted for research: The Speech-Language-Hearing Program is committed to advancing clinical research to improve the lives of people living with communication disorders. Please initial below if you are interested in being contacted by faculty in this department about research studies for which you might be an appropriate participant. You can decline to participate even if you are contacted, you can rescind this offer at any time with no repercussions, your information will not be shared with anyone else on campus or in the community, and you will not be contacted unless you fit the criteria for a specific study. Permission expires one year from consent date.

I give my consent to be contacted about research: _____ (initials) Date: _____

_____	_____	_____ Signature of
Authorizing Individual	Date	Printed Name of Authorizing Individual

CLINIC HOURS

The Clinic does not hold business hours year round and is closed during certain periods of time. If you anticipate needing to contact the clinic, including requesting records, please plan around our business hours which are the following:

The Speech-Language-Hearing Clinics are open during academic quarters. There are 10 week Fall, Winter, and Spring Quarters, and a 6 week summer Quarter. The WWU academic calendar can be found at <https://calendars.wvu.edu/>.

Speech-Language Clinic

Monday – Friday, 8am to 5 pm

Audiology Clinic

Monday – Friday, 8am to 5 pm

Aural Rehabilitation Clinic

Monday – Friday, 8am to 5 pm