



Communication Sciences and Disorders

Speech-Language and Hearing Clinics

516 High Street | MS 9171 | Bellingham, WA 98225

Phone: 360-650-3881 | Fax: 360-650-4334

csd.clinic.office@wwu.edu | chss.wwu.edu/csd/clinics

Clinic Consents and Policies Form

Client Name:

Date of Birth:

Name of client's representative, if applicable:

CONSENT FOR 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 personally identifiable information is not revealed. These recordings are only available for training purposes. All uses for commercial or research purposes are prohibited unless a separate written permission is obtained from the client. Those using these recordings must follow a Code of Ethics that requires them to respect the privacy and rights of all participants. Segments of the tape, CD-ROM, or digital recording with accompanying transcriptions may be presented in the context of academic symposia, university classes and professional, family or client training activities. Recordings will be made available to students and professionals in a secured manner through CD-ROM, web distribution by password, or other media now known or later developed.

(initials)

I give consent for the Clinic to leave a voicemail with minimal information at the phone number associated with my name.

(initials)

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:

Please check this box affirming your typed name can be used in place of a signature

Please continue to next page.

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. Faculty in this department may wish to contact you about research studies for which you might be an appropriate participant. You will not be contacted unless you fit certain criteria for a study, and you can always decline to participate in a study. At any time, you can revoke this consent and ask not to be contacted in the future by notifying the Clinic. If you do choose to participate in a study, your personally identifiable information will not be shared with anyone else on campus or in the community without your prior written authorization.

Please acknowledge your preference below.

I give my consent to be contacted about participating in research, **OR**

I do not consent to be contacted about participating in research.

(initials)

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 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).

PROTECTING CHILDREN AND VULNERABLE ADULTS, REPORTING CONCERNS OF SAFETY AND WELFARE, AND REPORTING COMMUNICABLE DISEASES

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).

PROVIDING EQUAL OPPORTUNITIES 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. Contact us at 360-650-3881 or email csd.clinic.office@wwu.edu.

By signing below, I acknowledge that I have read and agreed to the terms of this Clinic Consents and Policies Form.

Signature of Authorizing Individual

Date