

AUTHORIZATION TO USE CLINIC MATERIALS

Southern Connecticut State University's *Center for Communication Disorders* provides clinical and research opportunities to students training to become audiologists and speech-language pathologists, as well as providing audiology and speech-language pathology service to the community. As part of their training, our students are required to participate in and to observe interviews, evaluations, therapy sessions, and other client services. Clinical records, recordings, and other material obtained during evaluation or treatment at the Center may be used for teaching and research purposes, as well as to improve client service. All material is used discreetly and every attempt is made to maintain the confidentiality of the clients involved.

Authorization for use of clinical materials regarding: _____

In consideration of the above,

Client or
Guardian
Initial

I give permission for the students, faculty and staff of the Department of Communication Disorders to make customary confidential use of any obtained clinical materials for educational and scientific purposes

I authorize the Center to make audio or video recordings for the purpose of evaluating and treating my or my family members communication needs.

I understand that the Center reserves the right to refuse service to me/my family member if I do not grant permission for audio/video recordings that are judged to be indispensable to evaluation or treatment.)

I authorize the Department of Communication Disorders to keep and play copies of audio or video recordings made of my/my family member's evaluation or treatment for the purpose of student training.

I give permission for the observation of my/my family member's evaluation or treatment as determined by the Center and without further specific notification.

I give permission for the Center to send written information regarding my/my family member's services at the Center to parties *for whom I have provided a written release* by fax, email, or postal mail.

Signed: _____ Date: _____

Relationship to Client: _____

Witness: _____ Date: _____

CCD Staff Signature: _____ Date: _____