

Consent for Treatment in a Teaching Environment

Client name: _____

Client date of birth: _____

The Memphis Speech & Hearing Center (“the Center”) is a teaching facility staffed by faculty and students from the School of Communication Sciences and Disorders, which is part of the University of Memphis. Students work under the supervision of licensed faculty as part of their educational experience.

Students and/or faculty may observe you or your family member during therapy or evaluation sessions. This includes observation both in the room and/or through a one-way window. Additionally, you or your family member may be recorded by video and/or audio while receiving services. If family members or friends are present with you or your child during their therapy or evaluation session, any or all people could be recorded if they are within range of the recording device.

These recordings and observations are used to teach. For example, therapy and evaluation techniques may be demonstrated to students, the student’s interactions with clients may be evaluated, or a recording may be used as part of a teaching experience within the School of Communication Sciences and Disorders.

If a video and/or audio recording provides a good example of a particular communication disorder, interaction between client and therapist, or testing/therapy technique or approach, the Center may retain the recording and continue to use it for future educational purposes.

After having read the above information, I hereby consent to examination, evaluation, diagnostic services, and treatment in a teaching environment.

Signature	Printed name	Date
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Relationship to client

*** If you are not comfortable receiving services in a teaching environment, please advise the front desk and they will be happy to provide you with the names of other providers/programs.

Please review and complete reverse side regarding research

Research Notice

The Memphis Speech & Hearing Center is a teaching facility staffed by faculty and students from the School of Communication Sciences and Disorders, which is part of the University of Memphis. From time to time, the School of Communication Sciences and Disorders (“the School”) conducts research. Examples of the research may include, but are not limited to, the following: comparing a new therapy technique to one already in use or analyzing types of communication processing.

If you meet the basic criteria for a proposed research project, you may be contacted via the methods you specify below. At that time, you will have the opportunity to agree to participate or decline to participate in the research project. Please note: Declining to participate in research studies with the School does **NOT** affect your receipt of services at Memphis Speech & Hearing Center.

Also, research projects usually have a specific focus and only accept participants who meet certain criteria, such as level of hearing loss or age range, so you may not meet the basic criteria for a research project.

Contact Options:

I prefer to be contacted about potential research projects in the following ways (Check all that apply):

- Phone at the following number(s): _____
- Letter at the following address: _____
- Email at the following email address: _____

(I understand that email is not a secure method of communication and the message could be viewed by a third party.)

Printed name

Signature

Date

*** If you do not wish to be included as a possible participant in any research projects, please contact the Memphis Speech & Hearing Center front desk and request a Research Opt-Out form.

Please review and complete reverse side regarding receipt of services in a teaching environment.