



Clinical Services Observation Consent

CLIENT: _____

I, _____ (name printed), understand that the Center for Language and Literacy (UCLL), a unit of the Mary A. Rackham Institute (MARI), is a leading research and teaching facility, which provides opportunities for its faculty/staff and/or students to observe the interaction between clients and clinicians during therapy sessions for training purposes. I further understand that this is an important and well-accepted component of advanced training within UCLL and contributes positively to the quality of client care and that all UCLL faculty/staff and students receive training on the importance of confidentiality and are legally required to maintain it. Additionally, I understand that the mission of UCLL is to service the communicatively impaired and to contribute to the knowledge base in communication disorders through formal research programs.

Observers will NOT routinely have access to client files. Any access to specific client files will be under the direction and supervision of UCLL faculty and staff. All student observers are required to complete Health Insurance Portability and Accountability Act of 1996 (HIPAA) training so they understand the legal implications surrounding patient/client confidentiality. Observers will not perform client examinations, perform or assist with procedures, provide therapy, or otherwise provide health care services.

In consideration of my participation in the clinical program of UCLL, I hereby authorize the UCLL to:

- Maintain written records of my participation.
- Record electronically or photographically my likeness and/or performance.
- Use one-way window to observe evaluations, treatment, family meetings and other therapeutic procedures.
- Use the above recordings for educational, research or public relations purposes.
- Use my likeness or videos of my performance on the UMAP website and Facebook Page.

Have a UCLL staff member and/or student in the room to observe my child's therapy sessions, provided such can be done without disrupting my child's care.

I understand that, despite my consent, I may ask the UCLL staff and/or students to refrain from observing my _____ child's therapy sessions at any time.

_____ This waiver of my statutory and common law rights to privacy and confidentiality shall be limited to records used for educational, research, or public relation purposes. It is understood that my name will not be used in any such written publication or use, unless I authorize otherwise.

_____ I have been informed that other properly designated persons may participate in or observe the process of diagnosis, evaluation, case conference, and treatment as appropriately needed for the resolution of the clinical issues.

_____ I have been informed that I am free to choose not to agree to participate in specific research projects without jeopardizing my rights to receive services from the UCLL. This consent is subject to revocation at any time.

This consent will remain in effect until specifically revoked by me in writing to: The University of Michigan Center for Language and Literacy, 1111 E. Catherine St., Ann Arbor, MI 48109-2054; Telephone: (734) 764-8440.

****List any exceptions to the above authorization** _____

Client Signature & Date: _____

Parent/Legal Guardian: _____

Witness: _____