

CALIFORNIA STATE UNIVERSITY, EAST BAY
DEPARTMENT OF SPEECH, LANGUAGE, AND HEARING SCIENCES
NORMA S. AND RAY R. REES SPEECH, LANGUAGE, AND HEARING CLINIC

CLIENT'S AGREEMENT AND RELEASE FORM

I hereby authorize the Speech-Language Pathology Program, California State University, East Bay, to provide speech, language and/or audiology services to:

_____ (Client's Name)

I understand that the services indicated above may be provided by student clinicians as part of their pre-professional and professional clinical training. Such services will be supervised by a certified or licensed Speech Pathologist or Audiologist. I understand, further, that the assignment of student clinicians is at the discretion of the supervisory staff and that services may be interrupted or terminated according to the training requirements of the clinical training program and/or the availability of clinical personnel. I understand that every effort will be made to refer clients for appropriate services when those services cannot be provided by this program. I understand that, due to the design of the observation facilities, services delivered could be observed by other individuals. I am aware that special arrangements for privacy can be made upon request.

I agree that the State of California, the Trustees of the California State University, California State University, East Bay, and each and every officer, agent and employee of them (hereafter collectively referred to as the State) shall not be responsible for any injury, damage, or loss which occurs from any cause beyond the control of the State or which does not occur from the sole negligence of the State. I further agree to hold harmless, defend and indemnify the State from any and all claims, injuries, damages, losses, causes of action and demands and all costs and expenses incurred in connection therewith (hereafter collectively referred to as liability) resulting from or in any manner arising out of Client's use of, or participation in, the Speech-Language Pathology Program.

I have been informed and understand there remains a risk of exposure to COVID-19. I understand that regardless of any precautions taken, an inherent risk of exposure to COVID-19 will exist.

I understand that no client information can be released to any person or agency without my specific written authorization unless disclosure is required or permitted by applicable law.

Date: _____ 20_____
Month Day

Client's Signature

Relationship to Client
(If signing for dependent child or disabled adult)