

PERMISSION TO OBSERVE AND RECORD: The Rees Clinic at Cal State East Bay is both a teaching and clinical service facility, serving the training needs of students preparing for careers in Speech-Language Pathology by providing evaluations and therapy services for individuals with speech, language or hearing disorders. Evaluations and therapy performed by student clinicians must be observed by clinical faculty/staff of the department. In addition, students enrolled in courses in the department may be required to observe live or recorded evaluations and/or therapy sessions.

Audio and video recordings of these sessions may be made for educational purposes.

Recordings are not used outside of the Rees Clinic without express permission by the client. A participating client must be observed and recorded in order to receive speech therapy services. ☐ I agree to permit observation and recording of my evaluation and/or therapy sessions by clinical faculty/staff, students, or others in the professional training program of the Clinic. OR ☐ **I do not agree** to permit observation and recording of my evaluation and/or therapy sessions by clinical faculty/staff, students, or others in the professional training program of the Clinic. I understand this means I will not be able to receive an evaluation or therapy at this Clinic. ☐ I agree to the additional use of audio and/or video recording of my evaluation and/or therapy sessions for educational purposes. OR ☐ I do not agree to the additional use of audio and/or video recording of my evaluation and/or therapy sessions for educational purposes. I understand I will still be able to receive speech therapy. **ATTENDANCE POLICY:** Regular, punctual attendance by clients is essential to fully benefit from speech-language therapy. In addition, student clinicians must accumulate clinical hours in order to obtain their graduate degrees. For these reasons, missing more than 2 sessions of therapy without advanced notice and preapproval may result in termination of current and/or future services. ☐ I understand the attendance policy as stated. NOTIFICATION OF PERSONAL HEALTH INFORMATION (PHI) POLICIES: The Rees Clinic protects your Private Health Information (PHI) as required by federal laws. These policies are posted on the Rees Clinic website and hard copies are available for your review in the Clinic reception area. ☐ I acknowledge that I was provided information about the Rees Clinic PHI policy. Name of Client Signature

NORMA S. AND RAY R. REES SPEECH, LANGUAGE AND HEARING CLINIC • PH: 510.885.3241 • FAX: 510.885 2186 • CSUEASTBAY.EDU/CLINIC

Date

☐ Client

Legal relationship to client OR