



A green light to greatness.

College of Public Affairs & Community Service
UNT SPEECH & HEARING CENTER

Authorization to Photograph/Video/Observe Services

Client Name: _____

The University of North Texas Speech and Hearing Center requests permission to photograph and/or video you/your child/your family member while in therapy and/or during an evaluation appointment. The photograph/video may be used for the purposes indicated below:

- To present in class and center to teach clinical methods and procedures to Speech-Language Pathology & Audiology undergraduate and graduate students.
- In addition, Speech-Language Pathology & Audiology undergraduate and graduate students may observe you/your child/your family member while in therapy and/or during an evaluation appointment as a part of their diverse clinical educational training.

Please initial **if you consent** to the following:

_____ Photographs/video may be taken of me/my child/my family member and used by the University of North Texas Speech and Hearing Center for education training.

_____ Speech-Language Pathology & Audiology students may observe me/my child/my family member while in therapy and/or during an evaluation appointment.

Signature of Client (or Parent/Legal Guardian): _____

Printed Name: _____

Relationship to Client: _____

Date: _____

Clients of the Center have the right to expect confidentiality during evaluation and treatment activities. Faculty, staff, and students of the Center will follow all privacy and security guidelines in accordance with the Health Portability and Accountability Act (HIPAA). A client's health information will not be released for purposes of teaching or research without the client's consent.

UNIVERSITY OF NORTH TEXAS®

1155 Union Circle #305010 Denton, Texas 76203-5017

940.565.2262 940.369.7702 fax <http://speechandhearing.unt.edu/SPHS-clinic>



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Consent to Receive Services

The University of North Texas Speech and Hearing Center provides audiology and speech-language pathology services to adults and children. All services are provided under the direct supervision/guidance of professionals who are licensed to practice Speech-Language Pathology and/or Audiology in the State of Texas and hold a certification from a professional organization. As a training facility, graduate and undergraduate student clinicians are involved in most aspects of clinical service delivery. Additionally, student observers may be assigned to watch evaluation/therapy sessions in the Center. Evaluation and treatment sessions may be video recorded and viewed by the student and supervisor as part of routine service delivery.

Financial Statement

The center operates as a fee-for-service provider, but will provide a medical receipt for services rendered to clients who wish to file claims independently with their insurance providers upon request. Clients will be responsible for payment on the date of service, unless other arrangements are made with the treating professional. A sliding fee scale and some scholarship programs are available based on income guidelines and need. Please inquire at the front desk regarding such programs.

- I consent to receive an evaluation and other applicable services at this Center. I also understand that, as a teaching facility, students may be assigned to observe my evaluation/treatment sessions.
- I have read the Financial Statement and understand that I will be responsible for service fees incurred as part of my evaluation or treatment.

Signature of Patient (or Parent/Legal Guardian): _____

Printed Name of Patient: _____

Date: _____

The UNT Speech and Hearing Center provides services to clients in a non-discriminatory manner without regard to race, color, religion, sex, national or ethnic origin, disability, age, sexual orientation, genetic information, citizenship, or status as a covered veteran.

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