

**University of Arizona
Wings-On-Words Preschool
Consent Form**

The University of Arizona Speech-Language and Hearing Clinics are committed to protecting your health information. I have been given the Notice of Health Information Practices pertaining to how my personal health information will be used. As my child's guardian, I have the right to request restrictions on the use of his/her health care information and can revoke this consent in writing at any time. I understand that I can receive a copy of my child's initial report, therapy plans, and end-of-semester progress reports.

I understand that a role of this facility is as an educational training site for students in speech-language pathology and audiology. Evaluation and/or therapy could include the participation of student clinicians, observers, parent observers, and other health care personnel.

I understand that my child's speech and language objectives may be posted in his/her classroom and/or on stickers placed on his/her clothing to facilitate generalization in the classroom.

I consent to the release of my health information to be used for the treatment, payment and health care operations of the University of Arizona Speech-Language and Hearing Clinics.

Print Child's Name _____

Signature of Parent/Guardian or person authorized to consent Date

_____ Yes, please contact me regarding information on programs and studies currently being offered by the Department of Speech and Hearing Sciences.

Signature of Client/Patient or person authorized to consent Date

Witness _____