



Client Intake Form

Acknowledgement of Receipt of Notice of Privacy Practices

(You may refuse to sign this acknowledgement.)

Initials: _____ The undersigned acknowledges receipt of the **Notice of Privacy Practices** for the UNCG Speech and Hearing Center. A copy of this signed and dated document shall be as effective as the original. The **Notice of Privacy Practices** provides information about how we may use and disclose your protected health information. We encourage you to review it carefully. The **Notice of Privacy Practices** is subject to change. If the notice is changed, you may obtain a revised copy by visiting our website at <https://shc.uncg.edu/forms/> or upon request from our staff.

Office Use: Refused to Sign Communication Barrier Emergency Situation Other _____

Records Policy

Initials: _____ The undersigned acknowledges that medical records are the property of the UNC Greensboro Speech and Hearing Center. A copy of his/her records may be requested and shall be released with a two week notice. A limit of **15 pages** may be faxed. Records sent by mail are subject to postage fees.

Authorization for Observation and Training

The UNCG Speech and Hearing Center is a teaching clinic in the Department of Communication Sciences and Disorders. Because of that purpose, clients of the Center are seen by graduate students under the supervision of a member of the faculty. All faculty who are supervising clinical work in the Center are duly licensed in North Carolina and all hold the Certificate of Clinical Competence of the American Speech-Hearing-Language Association in their respective areas. During the course of evaluation and treatment, audio and video recordings and written records may be used, from time to time, by the faculty at UNCG, Department of Communication Sciences and Disorders, for clinical and instructional purposes. I understand these images/recordings may be used in regularly scheduled classes in Communication Sciences and Disorders at UNC Greensboro.

Initials: _____ I hereby give my permission for the following patient to be seen at the UNCG Speech and Hearing Center under the conditions outlined above (required).

Initials: _____ I hereby grant permission for observation by UNCG students as part of a pre-practicum requirement (optional).

Initials: _____ I hereby give authorization to be observed by the person specified below such as a nurse, interpreter, etc. (optional).

Name of Patient: _____ Signature of Patient: _____

Name of Legal Guardian/Representative: _____ Relationship: _____

Signature of Legal Guardian/Representation: _____ Date: _____