

Consent for Evaluation/Treatment

Name _____

Date _____

Address _____

Date of Birth _____

Date of Stroke _____

Phone _____

Imaging (MRI, CT) Location and Phone:

Thank you for providing Austin Speech labs with the opportunity to support you as you strive to recover your communication skills. Our goal is to provide you with a supportive environment for your recovery, and to provide you with intensive speech and cognitive therapy services. Although our approach has proven successful in the past, and although we may from time to time express opinions or beliefs to you or to others at your request concerning the anticipated outcomes of the services we provide, we cannot and do not make any promise, representation, warranty or guarantee as to any particular result.

Austin Speech Labs trains volunteers to provide assistance and individual attention required for stroke survivors to regain language skills. You will receive therapy by both speech therapists and volunteers. As such, we do not file for insurance for the services provided at Austin Speech Labs.

_____ *I understand the above statement regarding Austin Speech Labs therapy services and received and acknowledge the fees and absentee policy in the welcome packet (pg.6).*

_____ *I hereby give consent to access/send my physician reports, therapy reports, neuroimaging scans and any report related to my stroke in the form of a hardcopy and digital copy.*

By providing my email below, I give permission to Austin Speech Labs to provide notices, newsletters, and general updates about the clinic.

Please sign and date, acknowledging the information and disclaimers provided above and providing your consent to our provision of these services. Thank you for the opportunity to serve you. If you have any questions, please contact us at (512) 992-0575 or staff@austinspeechlabs.org.

Signature of Patient/Guardian _____

Email _____

Date _____

This release is effective for 1 year from this date

Consent for Research Observation & Photo/Audio/Video Taping

Austin Speech Labs is developing unique and innovative treatments to help with language recovery post stroke. To better understand language recovery, our therapists collect data as they provide therapy and assessments. The data collected from you will be de-identified (made anonymous) and used for data analysis to understand and further develop research studies. The results of the data will help understand and educate other speech therapists, medical experts, grantors and insurance regarding language recovery post stroke and contribute to the field of stroke recovery. The organization also collects photos and videos for research purposes.

In consideration of the research function of Austin Speech Labs, I hereby give consent that I may be observed for research or other educational purposes while receiving services at Austin Speech Labs. I also hereby authorize Austin Speech Labs to share my data for research studies conducted at Austin Speech Labs. It is understood that in such cases, tapes or recordings not be identified by name.

I understand that I may revoke further use of this authorization at any time by submitting a written statement of revocation to Austin Speech Labs.

For therapy or research study related questions, please email shilpa@austinspeechlabs.org.

Name (Print) _____

Signature _____

Date _____

This release is effective for 1 year from this date

Photography Release

I hereby authorize the use and reproduction by Austin Speech Labs of any and all photographs and video of which Austin Speech Labs takes or has taken of me. This authorization applies to the use by Austin Speech Labs for record and exhibition purposes, for Austin Speech Labs publications and materials such as newsletters, brochures, website, social media, etc. without compensation to me.

I understand that I may revoke this authorization at any time by submitting a written statement of revocation to Austin Speech Labs.

Name (Print) _____

Signature _____

Date _____

This release is effective for 1 year from this date