



La Trobe Communication Clinic
College of Science, Health and Engineering

PLEASE RETURN TO:
La Trobe Communication Clinic
Level 4 HS1
La Trobe University 3086
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Client Consent Form

*This form must be completed and signed by all clients of the La Trobe Communication Clinic prior to attendance.
For clients under eighteen years old, a parent or guardian must sign.*

Client Name:			
<i>*if client is under 18 years old</i>			
Parent/Guardian Name:		Relationship to client:	
Address:			
	Post Code:		
Phone:		Mobile:	
Email:			

I wish to receive, or for my child to receive, speech pathology assessment or treatment at the *La Trobe Communication Clinic* at La Trobe University. I understand and agree in relation to my attendance that:

- (a) sessions will be provided by qualified staff and supervised students of the University
- (b) sessions may be observed by staff or students of the University for instruction or examination purposes
- (c) sessions may, with my prior consent, be observed by certain persons authorised by the University for professional training and development purposes
- (d) the program of treatment may involve any or all of the following:
 - Diagnostic testing and treatment of my/my child's communication, hearing and/or swallowing
 - Audio or video recording of me/my child to assist with management of my/my child's condition
 - Audio or video recording of me/my child to assist with clinical training of the speech pathologist.

I agree to the Clinic's fee and cancellation policy as follows:

- fees for each session will be charged in accordance with the then-current Fee Schedule published at www.latrobe.edu.au/communication-clinic (available at any time on request)
- unless otherwise agreed, session fees must be paid in full at the time of attendance
- cancellations must be notified at least 24 hours prior to the scheduled session
- cancellations with less than 24 hours' notice will incur a charge of 50% of the session fee
- full session fees will be charged for failure to attend a scheduled session without notice of cancellation
- Trans and Gender Diverse Clinic - failure to attend a session without notice or cancelling with less than 24 hours' notice will incur a \$10 cancellation charge
- multiple cancellations or failure to attend may result in discharge from the Clinic.

I have received, read and understood the document *La Trobe Communication Clinic – Your Rights and Responsibilities* available at www.latrobe.edu.au/communication-clinic or upon request. I understand that failure to observe my responsibilities may result in suspension or discharge from the clinic.

Signature of client or parent/guardian

____/____/____
Date