



NAZARETH COLLEGE

4245 East Ave., Rochester, NY 14618 § 585-389-2525 § www.naz.edu

CONSENT FOR ENROLLMENT and CONDITIONS UPON ENROLLMENT

Name of Client: _____

Date of Birth: _____

Client ID Number: _____

Date of Enrollment: _____

With whom we may discuss your care? _____

Other than yourself, is there another person who is authorized to give consent or make decisions about your services?

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Consent is hereby given for/by _____ to be enrolled in the following York Wellness and Rehabilitation Institute (YWRI) service(s) for the purpose of receiving any or all therapeutic services provided by the following:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Art therapy | <input type="checkbox"/> Audiology | <input type="checkbox"/> Horticultural therapy | <input type="checkbox"/> Brain Injury Clinic |
| <input type="checkbox"/> Music therapy | <input type="checkbox"/> Physical therapy | <input type="checkbox"/> Occupational therapy | <input type="checkbox"/> Play therapy |
| <input type="checkbox"/> Social Work | <input type="checkbox"/> Speech-Language therapy | | <input type="checkbox"/> Wellness Group |

Pursuant to such enrollment, I the undersigned, understand and agrees to the following:

1. Assessments, diagnostic services, and clinical sessions are conducted by Nazareth College students under the direction and supervision of Nazareth College clinical faculty who hold a New York State License and/or certification to practice in their respective clinical field.
2. Therapy sessions may be observed directly in the clinic room, through two-way observation mirrors and/or through audio/visual equipment.
3. Therapy sessions may be audio or video recorded for the purpose of classroom and clinical education within Nazareth College.
4. Art, music, or narratives created in the clinics may be documented, photographed, or recorded for supervision and educational purposes.
5. Interactions that occur during a session may be discussed in supervision, staffing and/or classroom settings.

6. In order to provide continuity of care, information may be shared between Clinics and Services of the YWRI if a client is seen in more than one clinic.
7. All information regarding services provided for clients is strictly confidential and can only be released with my written permission or permission of a legal guardian. All the faculty, supervisors, and student clinicians who view or conduct sessions are bound by HIPAA regulations, and discipline-specific Codes of Ethics regarding confidentiality.
8. Every effort is made to meet assessment/ therapeutic objectives for clients; however, no guarantee is given or implied as the result of services provided to the client while at the YWRI Clinic(s) and Service(s).
9. Consent is hereby given for my participation in activities within the YWRI, other locations on the Nazareth College campus, or off-site placements.
10. Faculty and students may use de-identified clinic data, which is collected during therapy sessions, for research that has been approved by the Nazareth College Human Subjects Committee.
11. Clients have a right to withdraw from services at any time by contacting their therapist and/or clinical supervisor.

My signature below constitutes my acknowledgement that:

- (1) I have read, understand, and agree to the conditions outlined in this document regarding the services provided by the York Wellness and Rehabilitation Institute. I have had the opportunity to ask questions in order to make an informed decision.
- (2) I authorize and consent to the provision of such services.

Client/Guardian/Legal representative signature

Date

Witness Signature

Relationship to Client

Date