

**James Madison University
Occupational Therapy Clinical Education Services**
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INFORMED CONSENT FOR SERVICES

The James Madison University Occupational Therapy Clinical Education Services (OTCES) is a teaching facility that is operated through the Institute for Innovation in Health and Human Services. OTCES has, as its primary purpose, the training of students who wish to become occupational therapists while providing a range of services including direct services, evaluation, consultation, and group programs by or under the supervision of a licensed occupational therapist.

Observation/Pictures/Video for Educational/Research Purposes:

All services provided at OTCES may be recorded or observed. Observations are restricted to individuals who are associated with JMU-OTCES and have completed HIPPA training. Pictures and/or videos may be used for educational purposes. Non-identifying information may be used for administrative purposes or research.

Pictures/Video for Public Use:

Pictures and videos may also be used in OTCES brochures/presentations, on the OTCES website, and/or in association with clinic media coverage. Please indicate below your intent to grant permission to use photos of your child as specified above:

___ Yes _____ No

Research:

Information used for specific research projects would be subject to JMU Internal Review Board (IRB) approval and would require a separate informed consent.

OTCES will respect the right of privacy of its clients, and will hold all recorded sessions and information with strict confidence and will use this information only in rendering of professional services, educational instruction and/or research purposes. The contents of your sessions will not be revealed to any person or agency except under the following circumstances:

1. If, you, or a legal guardian/parent, give written permission to release the information.
2. If you or your child reveals information which, in your clinician's judgment, indicates that you or your child intends to harm self or someone else.
3. If you or your child reveal information that indicates the existence of past or present abuse of a child, elderly or disabled adult, as required by Virginia law.
4. If an appropriate court order or subpoena is received.
5. If you or your child is involved in a medical emergency, information may be given to medical personnel.

I, the undersigned, am the parent/legal guardian of the client named below. I have read and understand the above and consent to services for my child and/or family at OTCES.

Client Name: _____

Date of Birth: _____

Printed Name-Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

Signature of Witness

Date