



**LAMAR UNIVERSITY SPEECH & HEARING CLINIC**  
**Policies, Procedures, Informed Consent and**  
**Authorization for use and Disclosure of**  
**Protected Health Information for Clinical or Education Purposes**

I, \_\_\_\_\_, hereby consent to consultation, evaluation, habilitation/rehabilitation and other services as may be provided to me and/or my family by the Lamar University Speech & Hearing Clinic. I understand that I may withdraw this consent for treatment at any time.

I understand that the Lamar University Speech & Hearing Clinic provides services through the use of clinical teams. Each team is composed of a clinic staff member, student clinician(s) and such other consultative staff as may be indicated. All clinic faculty members hold a Texas License and a Certificate of Clinical Competence in Speech-Language Pathology and/or Audiology awarded by the American Speech-Language-Hearing Association and are directly responsible for patient care and supervision. I further understand that said services may be observed for educational

