

NAU COMMUNICATION SCIENCES AND DISORDERS CONFIDENTIALITY STATEMENT

In order to maintain my client's right to privacy and confidentiality, I will do the following during and after my clinical rotations: (please initial the following statements)

_____ I will not discuss my client by name in any venue outside of my clinical setting.

_____ I will treat my client's information with confidentiality, including all information kept in a working file.

_____ I will properly dispose of all audiotapes and videotapes of diagnostic and/or therapy sessions following the termination of my involvement with the client.

_____ I will not use tapes or other client documents as examples in any presentation outside of my CSD program at NAU, now or at any time in the future, without my client's written permission.

_____ I will use my client's initial's only on all documentation that leaves the work site.

NAU Graduate Student Clinician's printed name

Date

NAU Graduate Student Clinician's signature

Louie ID #