



THE UNIVERSITY OF  
**SOUTHERN MISSISSIPPI**

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DUBARD SCHOOL FOR LANGUAGE DISORDERS  
SCHOOL OF SPEECH AND HEARING SCIENCES  
118 College Drive #5215 | Hattiesburg, MS 39406-0001  
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## **DUBARD SCHOOL FOR LANGUAGE DISORDERS**

### **CLINICAL AGREEMENT**

The University of Southern Mississippi's DuBard School for Language Disorders was established primarily to provide services for children with severe communication disorders. Secondary functions are teaching and training students. By utilizing the services of schools, the client should understand that, in order to accomplish teaching and training goals, it is frequently necessary that observations, audio, and/or tape recording or other media be used. However, it should be clearly understood that the information obtained from or divulged by the client is treated with the strictest confidence. I understand that any written information exchanged will be done only with my written permission.

I hereby consent to the diagnostic testing conducted by the faculty, staff, and graduate students. I further consent to the observation, listening, photographing, audio taping and/or videotaping of any or all interviews, therapy, or testing sessions in the Department of Speech and Hearing Sciences with the understanding that such observation, listening, photographing, audio taping, and/or videotaping is strictly for teaching and research purposes.

I also consent to the discussion of relevant confidential material to qualified professional personnel in furtherance of clinical services in behalf of me, or any other person below. I also authorize any professional individual or agency that possesses relevant information about me or the person(s) listed below to discuss such information upon request from the DuBard School for Language Disorders, The University of Southern Mississippi.

Date:

Name of Client

Signature of Client

Name of Parent or Guardian

Signature of Parent or Guardian  
(if client is a child)

