



Palm Beach Speech & OT Specialists

Authorization for a Clinical Observation

Name of Patient: _____

Date: _____

This form authorizes a clinical observation of the aforementioned patient. Your approval of the observation process is voluntary, and Palm Beach Speech & OT Specialists (PBSOS) cannot condition services on whether or not you sign this authorization.

It is the policy of Palm Beach Speech & OT Specialists to ensure the confidentiality of protected health information in compliance with all state and federal laws.

_____ has requested
(Name of visitor/organization)
a clinical observation of the aforementioned patient.

The purpose of the observation:

Teaching

Research

Clinical Outreach

Other (please describe): _____

I acknowledge that I have been informed regarding the presence of the aforementioned visitor during my child's clinical care. I understand that the visitor will be able to observe the clinical procedure concerning my child. I hereby give my consent to have my child observed by the visitor designated above for the purpose listed above.

This authorization will expire six months from the date of this authorization.

(Signature of Parent/Caregiver)

I the visitor/organization named above, may not further use or disclose the medical information unless another authorization is obtained or unless such use or disclosure is specifically required or permitted by law. I the visitor/organization, may not take any photos or videos of any kind of any of the people involved in the clinical observation before, during, or after the procedure. I hereby release PBSOS from any/all legal liability that may arise from the release of this information to the visitor/organization named above.

(Signature of Visitor/Organization)