

**James Madison University  
Occupational Therapy Clinical Education Services**  
Phone: 540-568-4980 Fax: 540-568-2645

**Mailing Address:**  
755 Martin Luther King Jr. Way, MSC 9022  
Harrisonburg, VA 22801

**Physical Address:**  
131 W. Grace St., Rm 1100  
Harrisonburg, VA 22807

**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. 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.

**PHOTO PERMISSION:** *Please initial the following OPTIONAL statements:*

I give permission for photos/videos of my child to be used for the purposes of treatment, education, and documentation.

I give permission for photos/video of my child to be used for advertising, brochure, and/or web space.

**TECHNOLOGY PERMISSION:** *Please initial the following OPTIONAL statements:*

EMAIL: I give permission to JMU-OTCES staff to correspond with my child's legal guardians and care team via e-mail regarding treatment, documentation, and home programming. I understand that JMU-OTCES e-mail is encrypted internally; however, once an email is sent externally, correspondence may potentially be intercepted by an outside party.

TEXT: I authorize JMU-OTCES staff to send text messages to my cell phone related to my child's therapy. I understand that standard data and text messaging rates will apply to any messages received from JMU-OTCES. I agree not to hold JMU-OTCES liable for any electronic messaging charges or fees generated by this service. I also understand that I may opt out at any time via text (replying "STOP" at any time) or by alerting the front desk. In the event that my cell phone number changes, I will inform the front desk.

**AUTHORIZATION AND CONSENT FOR EVALUATION, TREATMENT, and OPERATIONS:** *please initial the following statements:*

I hereby give JMU-OTCES staff permission to evaluate and treat my child, and I understand there will be written, oral, and electronic communication between care providers/physicians, insurance companies, and JMU-OTCES staff.

I understand that state representatives for the purpose of insurance certification or licensing and quality assurance may review my child's records. I understand that all practices of confidentiality will be followed in use of the information gathered.

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

\_\_\_\_\_  
JMU-OTCES Staff Member Signature

\_\_\_\_\_  
Date

**This consent will expire one year from the date of the signature.**