



Center for Disabilities Informed Consent

The Center for Disabilities is a federally funded center for training, research, and clinical services to people with disabilities and special health care needs. This document provides the conditions under which I am agreeing to services (consultation, evaluation, etc.) I seek from the Center for Disabilities.

I am requesting services for _____ (individual's name) from the Center for Disabilities. I am legally responsible for him/her and have the authority to consent to the services because (please mark appropriate space):

- I am his/her PARENT.
- I am his/her LEGAL GUARDIAN. **Please include a copy of the guardianship papers.**
- I am legally responsible for myself.

Explanation of Consent:

- I understand that in order for services to be completed, I must consent to the services.
- I understand that my consent is completely voluntary and can be withdrawn at any time.
- I may withdraw my consent either verbally or in writing. However, consent cannot be withdrawn for any action previously taken, based on this consent.
- I understand that any information gathered before, during, and after services will be treated as confidential information.
- I understand that it is my right to get copies of any reports generated, if applicable. I also understand that I will be provided with copies as soon as possible after the services are provided, if applicable.
- I understand that this is an independent service. The recommendations should be implemented as appropriate and agreed upon between the family and agency.
- I understand if a legal representative has sought and financially supported the services from the Center for Disabilities, reports will be given directly to those representing the best legal interest of the individual.
- I understand a photocopy of this form will have the same effect as an original.
- I understand staff from the Center for Disabilities will use electronic means (including but not limited to email, fax, etc.) to communicate and gather information for the services I have requested.

Permission for College or University Students to Participate:

- I understand that a major focus of the Center for Disabilities is the training of students. The training of students is necessary in order to increase the number of professionals who are trained to evaluate and assist people with disabilities and special health care needs.
- As part of my consent, I agree that students may participate in the services requested. They may either observe, directly evaluate, or both. The students may also participate in the case management and follow-through activities after services at the Center for Disabilities.
- As part of this learning experience, students may review all records, both prior to and after services, including reports generated by the Center for Disabilities.
- All students who are involved in training at the Center for Disabilities sign a confidentiality agreement.
- All students are under the supervision of a Center for Disabilities staff member or a University of South Dakota faculty member.
- **If I do not consent to allow students to participate, I understand that I can mark an "X" through this paragraph.**

Permission to Photograph and/or Videotape:

- I understand that the services conducted by the Center for Disabilities may be videotaped, and we may be photographed. Videotapes are used to assist in trainings and also as an important tool of the services provided. We may be photographed to assist in identification by Center for Disabilities staff members at a later date. This photo will not be released without my consent.
- **If I do not consent permission to photograph and/or videotape, I understand that I can mark an “X” through this paragraph.**

Permission for family networking:

- I understand that a major focus of the Center for Disabilities is the education of families. In response, I give the Center for Disabilities permission to share my name and contact information with the appropriate personnel at the Center for Disabilities responsible for family networking. I give my permission for this person to contact me regarding any upcoming educational events, family networking opportunities, or other activities related to family involvement.
- **If I do not consent permission for family networking, I understand that I can mark an “X” through this paragraph.**

Permission to use Non-Identifying Information for Research:

- I understand that information collected during my contact with the Center for Disabilities may be used for research purposes by the Center for Disabilities. I understand that any information will be presented as percentages, averages, or in other forms that will make it impossible for my child or myself, or my family to be identified. This information will be used to improve resources and services for people with disabilities and special health care needs.
- I understand I may request final research publications that may have included my information.
- I understand that if I do not agree to allow information to be used for research this will not affect the eligibility of my child or myself to receive services at the Center for Disabilities.
- **If I do not consent to the use of information for research, I understand that I can mark an “X” through this paragraph.**

Consent for Services:

- My consent is given freely and without coercion.
- I have been able to discuss any questions or concerns about this Informed Consent form with a staff member at the Center for Disabilities. This person has answered any questions I had.
- I understand that I may contact the Center for Disabilities at any time at 1-800-658-3080 (Voice/TTY) either to withdraw this consent or to ask further questions I may have. I understand I may withdraw consent at any time with no penalty. I may withdraw my consent either verbally or in writing.
- I understand that in order for services to be completed at the Center for Disabilities, I must consent to the conditions in this form. If I do not agree to the conditions in this form, Center for Disabilities staff will attempt to find another source for services.

Disclaimers:

- Nothing in this form should be read to obligate the Center for Disabilities to provide services.
- Services are scheduled and completed based on the clinical judgment of the Center for Disabilities staff. These decisions are based on the appropriateness of the services in meeting the mission of the Center for Disabilities and the appropriateness of the services in assisting the individual.
- The Center for Disabilities reserves the right to refuse to provide services if the clinical staff determines that the services cannot be conducted appropriately at the Center for Disabilities. In this case, Center for Disabilities staff will attempt to find another source of services.
- Ancillary supports (i.e. interpreters) to facilitate our part of the services are the responsibility (financially and scheduling) of the referring party.
- I hereby release the Center for Disabilities from all legal responsibility and liability that may arise from the acts I have authorized above, including but not limited to the re-release of information to non-health care providers.

