Idaho State University

ISU Physical & Occupational Therapy Associates
1400 Terry Dr., Bldg. 63, Pocatello, ID 83209
Phone: 208.282.2590 / Fax: 208.282.4962

Consent for Participation

I, _____, give permission for the faculty and students of Idaho State University Physical & Occupational Therapy / ISU Speech and Hearing to use information gathered from my participation for educational training and research. I understand that students, under the supervision of the fully licensed faculty, will be observing and working with me as part of their training.

I understand that I can withdraw from my participation at any time during this experience and revoke my permission to use the information pertaining to my case. If I elect to withdraw and revoke my permission, I will inform the faculty member whose signature appears below or the department chairperson of this action in writing. I further understand that a copy of this form will be given to me upon my request, and the original will be kept on file for the period of five (5) years in the Department of Physical and Occupational Therapy.

I am aware that fees for services I received will be collected by the clinic on the day of treatment unless otherwise arranged with the clinic receptionist or clinic director. I further understand that should I need to cancel an appointment, I must provide 24-hr notice to the clinic by calling (208) 282-2590 to avoid being billed a $10.00 fee for not keeping my scheduled appointment.

_____ _____

Print Name of Patient or Personal Representative *Date*

_____

Signature of Patient or Personal Representative

_____ _____

Faculty Signature *Date*

Authority of Personal Representative to Sign for Patient (check one):

☐ Parent ☐ Guardian ☐ Power of Attorney ☐ Other: _____