



Clinic Consent Agreement

Client's Name _____

Client's DOB: _____

As part of an academic institution, the UW Autism Center is actively involved in clinical research and the training of professionals. The purpose of this form is to ask permission for you and your child to participate in these activities. Please read each item below carefully and check the appropriate box.

Please note that your participation is entirely voluntary. No care or service at the UW Autism Center will be denied to you if you choose not to participate. You may withdraw your permission at any time.

- ☐ Yes ☐ No The UW Autism Center has my permission to add my information to the **UW Autism Center Registry**, which is a secure database of people interested in future research participation. Detailed information about the Registry is attached. I understand that the UW Autism Center staff may contact me if additional information is required.
- ☐ Yes ☐ No The UW Autism Center has my permission to use photographs and/or videotapes of me/my child **for research or clinical training purposes**. The tapes will be viewed only by the individuals involved in the research or training project. Neither my child nor I will be identified by full name on the tapes or any accompanying materials.
- ☐ Yes ☐ No The UW Autism Center has my permission to use photographs and/or videotapes of me/my child **for professional and educational presentations**. Neither my child nor I will be identified by full name on these materials.
- ☐ Yes ☐ No The UW Autism Center has my permission to add me to the **email distribution list** to receive our newsletter and other information regarding new services, trainings, research opportunities, and community events.

Signature (Parent/Conservator)

Date

Printed Name (Parent/Conservator)

Relationship to client

Signature of client (if client is 13yrs or older)

Date

Please complete the contact information on the next page.

Contact Information

My preferred method of contact is:

☐ Phone (*Circle one:* home work cell) ☐ Email* ☐ Mail

**Please note that we cannot guarantee the confidentiality of email*

Home address: _____
(city) (state) (zip)

Email address: _____

Home phone: _____ Best time(s) to call: _____

Is it ok to leave a message at this number? ☐ No ☐ Yes

Work phone: _____ Best time(s) to call: _____

Is it ok to leave a message at this number? ☐ No ☐ Yes

Cell phone: _____ Best time(s) to call: _____

Is it ok to leave a message at this number? ☐ No ☐ Yes