



Department of Special Education and
Communicative Disorders
1600 Holloway Avenue,
San Francisco, CA 94132-4161

COMMUNICATIVE DISORDERS CLINIC
Clinic Office, Burk Hall 114
Phone: 415/338-1001
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Email: cdinfo@sfsu.edu

STATEMENT OF UNDERSTANDING OF CLINIC PURPOSES

Clients Name

Address

City State Zip Code

Telephone

Email

I request evaluation and/or therapy for _____

Video and Audio Recordings

1. I understand that therapy and evaluations includes individual test procedures deemed necessary by the Communicative Disorders Clinic and procedures may be audio/video taped.
2. I understand that the Clinic at San Francisco State University is a teaching facility and procedures may be audio/video recorded. I understand that the audio/video recordings are to remain confidential and used solely for teaching/learning purposes.

Services Provided by Students Working Towards a Master of Science Degree in Communicative Disorders

1. I understand that evaluation and therapy services at San Francisco State University are provided by students working towards a Master of Science degree in Communicative Disorders. I understand that the students are supervised by a state licensed and nationally

certified speech-language pathologist in accordance with the requirements of the program's accreditation by the American Speech-Language-Hearing Association

Payment for Services

1. I understand a modest fee is charged for most services offered in the CD Clinic.
2. I understand the CD Clinic does not bill insurance providers or other providers for services.
3. I understand a sliding scale is available for all clients and nobody will be turned away due to lack of ability to pay. The sliding scale ranges from full fees to no fee.

Clinical Service	Fee
Twice weekly therapy services	\$550 per semester (12 weeks)
Once weekly therapy services	\$225 per semester (12 weeks)
Diagnostic evaluation services	\$75 per evaluation
Medicare clients	No fee

Date: _____

Signature

Relationship