# Appendices I-XIV

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Disclaimer: Every effort was made to provide you as a student in this department with the most up-to-date general information; however, there are times when there are changes that may have occurred. It is your responsibility as a student to confer with the department chair and your advisor about any specific questions you may have.
Appendix I: SHC Dress Code Policy

Student clinicians represent The Speech and Hearing Center as well as The University of Alabama. Professional behavior and appearance are expected at all times and are necessary to promote confidence on the part of the client.

**SHC DRESS CODE:**

The Dress Code applies to students participating in in-house clinical practicum at The Speech and Hearing Center. Student clinicians placed at off-campus practicum sites are responsible for meeting the dress code requirement of that site.

**SHC Dress Code: Uniform of polo shirt with CD logo along with your choice of dress pants, khakis, (nice) dark dress jeans (straight leg or skinny), or skirts (of an appropriate length) with SHC name tag.** *As seasons change, students may wear a cardigan or blazer over the polo when cold. The polo cannot be fully covered with a sweater or sweatshirt unless it is the half-zip CD department pullover. Footwear can include flats, sandals, or clean slip-on sneakers.*

The SHC dress code should allow you to do the following:

1. Sit on the floor or a low chair, bend over, or sit on your haunches without difficulty.
2. Bend over without showing cleavage.
3. Bend over, sit on the floor, or sit on your haunches without showing skin below your shirt or skin or underwear above your pants.
4. Project a mature, professional image at all times.

At no time should you wear the following at the SHC:

1. Tight clothes that restrict movement or are revealing.
2. Skirts shorter than 1" above the knee.
3. Off-the-shoulder, backless, low cut (including v-neck), or spaghetti strap tops.
4. Short tops that reveal skin in the midriff or back area.
5. Low pants or skirts that reveal skin in the midriff or back area.
6. Casual clothing, such as blue jeans, shorts, leggings, athletic wear, logo t-shirts, athletic shoes, converse, or flip flops.

**Piercings:** Piercing of the oral mechanism and other visible piercings that detract from professional appearance are not allowed. Students must remove piercing hardware in clinic.

**Tatoos:** Visible tattoos that distract from professional appearance are not allowed. Students are required to cover these in clinic.

Clinicians are expected to follow simple rules for professional dress. Incidents of unprofessional dress will be documented and reflected in the mid-term and end-of-term evaluations. More than one warning will be reported to the Department Chair for disciplinary measures. If a student is in violation of the dress code, the clinical supervisor can send the student home or withhold clock hour credit for that session.
Appendix II: Professional Conduct Policy

Guidelines for Professional and Ethical Conduct

Students enrolled in the Department of Communicative Disorders are expected to adhere to the following guidelines at all times, to ensure they are conducting themselves in a professional and ethical manner. Students will be evaluated on the ability to conduct oneself in a professional and ethical manner while in this program.

Students shall:

- Hold paramount the welfare of persons served during the clinical practicum.
- Adhere to the clinical guidelines established by the Department of Communicative Disorders, the Clinic Director, and the clinical supervisor, consistent with ASHA standards.
- Conduct oneself in an ethical and legal manner, upholding the ASHA Code of Ethics, and departmental, university and federal privacy policies.
- Maintain high standards of professional competence.
- Display mature, empathetic, and effective professional relationships by exhibiting compassion, integrity, and concern for others.
- Work in a collegial and effective manner with peers and supervisors.
- Recognize and show respect for individuals with disabilities and for individuals of different ages, genders, race, religions, sexual orientation, and cultural and socioeconomic backgrounds.
- Must not participate in activities which might initiate disparaging comments about speech-language-hearing services, personnel, and/or colleagues.
- Uphold the dignity of the professions and accept the professions’ self-imposed standards.

Students must be professional during all clinical interactions. Student clinicians should never:

- Chew gum
- Take a cell phone, food, or drink into a clinic session

To be perceived as professional and mature the student should:

- Shake hands when introduced
- Be organized and focused
- Be knowledgeable and prepared
- Never be judgmental
- Be positive, empathetic, and understanding
- If you do not know the answer to a question, defer to your clinical supervisor.

Social Media

- Personal Social Media
  - Professionalism always is a consideration in all settings, including social media.
  - Students are judged by how well they represent themselves professionally.

- UA Students Groups on Social Media
  - Students should never name or discuss faculty, course information, test questions, exams, etc.
  - Course specific information is the intellectual property of the instructor and UA.
Appendix III: SHC Safety Policies

Infection Control
Contagious Conditions
Accident/Injury
Emergency Management
Client Safety and Security
Child/Elder Abuse

Infection Control:

The goal in establishing an infection control program is to prevent the spread of germs between client and clinician and to prevent the spread of germs environmentally via materials and equipment.

Infection control is regulated by OSHA (Occupational Safety and Health Administration). Anyone involved in clinic must follow infection control policies.

Exposure Classification
Category 1: Employees who have frequent contact with blood and body fluids. Risk of exposure is high.
Category 2: Employees who have less frequent exposure to blood and body fluids. Risk of exposure is moderate.
Category 3: Employees who do not come in contact with blood or body fluids. Risk of exposure is minimal.

Employees who engage in the delivery of clinical services at The Speech and Hearing Center qualify as Category 2 and include student clinicians and clinical supervisors. Office staff and faculty who are not involved in clinical activities qualify as Category 3.

Hepatitis B Vaccination
OSHA recommends that Category 1 and 2 employees consider a Hepatitis B vaccination. Students who choose to have the vaccination can do so through their private physician or The University of Alabama Medical Center.

Training
Discussion of infection control will take place during Grad Student Orientation. Students will be given a written copy of the policy at that time.

Post-Exposure Management
Episodes of exposure to an infectious condition will be documented and kept on file at The Speech and Hearing Center. The individual will be referred to Student Health Services or his/her private physician for treatment. Procedures described in the attached Emergency Management Plan will be followed in the event of exposure, accident, injury, or illness.

Infection Control Products Available
Soap is available in the restrooms and most therapy rooms. Antimicrobial spray and wipes and waterless hand cleanser are kept in the resource room, staff room, preschool rooms, audiology clinic, therapy rooms, and office. These supplies are available for use in other areas upon request. Products can be taken to off-campus sites as needed.
Hand Washing
Wash your hands before and after each client. Wash your hands after using the bathroom. Use soap and water or waterless hand cleanser. Use a paper towel to turn off the water. Take waterless hand cleanser with you to off campus sites if hand washing will be difficult.

Note: Keep your hands away from your face, i.e., out of your mouth and away from your nose and eyes.

Gloves
Medical gloves are available for use if a client or clinician has (1) an open skin lesion (2) an ear draining with infection or bloody discharge (3) a runny nose or cough (4) if any signs of illness or infection are present or (5) if blood, vomit, or other body fluid is present. Gloves should be worn when changing diapers, cleaning up vomit or a bathroom accident, or bandaging a wound. Change gloves between clients. Wash hands after removing gloves.

Off-Campus Practicum
Check with your off-campus clinical supervisor regarding infection control procedures for that facility.

Oral-Peripheral Examination
Gloves should be worn during oral peripheral examination.

Toys and Therapy Materials
Toys and therapy materials are to be cleaned after each use with soap and water, or with an antimicrobial spray or wipes, depending on the design and material of the toy. Avoid using toys that cannot be cleaned. Wash your hands after touching toys that a client has handled.

Surfaces
Chairs, table tops, and any other surfaces that come in contact with people and materials should be cleaned after each use with antimicrobial cleansers or soap and water.

Equipment
Clean equipment, including earphones, visipitch, nasometer, etc., with antimicrobial cleansers after each use. Clinical supervisors will provide instruction on how to clean equipment without damaging it.

Contagious Condition Policy
Speech and Hearing Center students and employees as well as clients should not come to the Center if they have a contagious condition. Individuals who exhibit symptoms after arrival will be sent home. Examples of conditions that could be contagious include fever, vomiting, diarrhea, head lice, rash, impetigo, and chicken pox.

Accident/Injury Policy:
Illness, accident, or injury that occurs in the clinic should be reported at once to the clinical supervisor. An injury, such as a cut, scratch, or bite should be dealt with immediately. If bleeding occurs, the person administering care should wear gloves. A wound or lesion should be covered with a band-aid or several layers of gauze. A contaminated area should be covered with paper towels and then cleaned thoroughly. The incident should be reported to a clinical supervisor.
Parents or the caregiver are always informed if an accident or injury occurs. The incident is documented and kept on file in The Speech and Hearing Center office.

**Emergency Management Plan:**

The procedures listed below should be followed in the event of an emergency. If you are with a Speech and Hearing Center client, it is your responsibility to escort the client to safety. Once leaving the building, do not return until given permission by the emergency management team. The UA Police Department can issue a fine for failure to evacuate in response to the alarm system.

These procedures will be covered with students each semester during New Student Orientation and with faculty, clinical supervisors, and staff at the initial Departmental Meeting each fall semester.

In the event of power failure:
1. Clinicians will remain with clients at all times.
2. Move to the closest area of natural light.
3. Obtain a flashlight. These are kept on the pediatric hallway, the adult hallway, the student workroom, the faculty area, and the front office.
4. Report power outage to departmental secretary, who will contact the maintenance department.

In the event of fire or other emergency requiring evacuation:
1. Clinicians will remain with clients at all times.
2. Leave the building through the nearest exit.
   - All exits are marked with an Exit sign.
3. Call 8-5454 or 911 using a cell phone or phone in the nearest campus building.
4. Do not return to the building until permission is given by the emergency management team.
5. Clinical supervisors and office staff will assist student clinicians and clients in contacting family members.
6. In the event a client must receive medical attention, a clinical supervisor will go to the medical facility and remain until the family has arrived.
7. Fire extinguishers and fire alarms are available in different locations throughout the building.

In the event of dangerous weather:
1. Clinicians will remain with clients at all times.
2. Be seated in a hallway toward the interior of the building but away from glass doors and windows.
3. Keep the entrances to the area clear to allow access to individuals from other areas of the building.
4. Remain in the area until the weather service terminates the warning.
5. In the event of structural damage or injury call 8-5454 or 911.
6. In the event a client must receive medical attention, a clinical supervisor will go to the medical facility and remain until the family has arrived.

**Client Safety and Security Policy:**

To ensure the safety, security, and well-being of our clients, all clients must be accompanied to and from therapy sessions by their clinical supervisor or student clinician. Specifically, upon completion of therapy sessions, clients are to be escorted to the lobby or other waiting areas and returned to the care of their responsible party, unless the client is able to drive and attend therapy appointments independently.
In the event that a client’s safety is in question, the Speech and Hearing Center reserves the right to request that a caregiver remain on The Speech and Hearing Center premises while the client receives services. If The Speech and Hearing Center staff feel that a client’s safety may be in jeopardy, the following actions should be taken:

- Notify UA Police Department of the current situation (8-5454)
- Alert Clinical Director/Clinical Supervisors to assist with the situation
- Alert the client’s responsible party
- Complete a formal incident report

Child/Elder Abuse Policy:

With very limited exception, Alabama law makes the reporting of known or suspected child abuse or neglect, and elder abuse or neglect, regardless of the circumstances in which it may occur, mandatory for University employees and students providing clinical services at the Speech and Hearing Center. Any university student/employee who makes a good faith report of child/elder abuse or neglect shall not be subjected to retaliation and is immune under Alabama law from any liability-civil or criminal-that might otherwise be incurred or imposed. Also, under Alabama law, any mandatory reporter who fails to report child/elder abuse shall be guilty of a misdemeanor.

Reporting Procedures

If you know or suspect that a child is a victim of child abuse or neglect, you must act. It is not required that you have proof that abuse or neglect has occurred. Any uncertainty in deciding to report suspected abuse or neglect should be resolved in favor of making a good faith report. In making a report, your actions should be as follows:

- **Immediately** notify Clinical Supervisor/Clinic Director who will assist you in the following required actions.

- **Immediately** report the information to The University of Alabama Police Department (UAPD) at 205-348-5454. Your oral report should include all available information regarding the known or suspected abuse or neglect, including, but not limited to: the name of the individual, the individual’s whereabouts, the names and addresses of the parents, guardian, or caretaker for the individual, and the character and extent of the injuries. The report should also contain, if known, any evidence of previous injuries to said individual and any other pertinent information that might establish the cause of such injury or injuries, and the identity of the person or persons responsible for the same. However, you should not delay making a report to gather this information.

- **Do not** directly question or solicit information from the individual or from the person suspected of improper behavior. Likewise, do not delay making a report to gather evidence. That is not your role; the role of investigation lies with city, county, state or other appropriate officials.

- In addition to making an oral report, you must also complete a Child Abuse or Neglect Report Form and deliver the same to UAPD. It shall be the responsibility of UAPD to notify the Office of Legal Counsel of the suspected abuse and to coordinate the investigation with local law enforcement and state officials. Further, it shall be the responsibility of the UA Police Department to either report the incident to the State of Alabama Department of Human Resources or to ensure that the local law enforcement agency has made the report. The UA Police Department shall advise the reporter that such report has been made. Finally, the UA
Police Department shall be responsible for maintaining all records and reports related to the incident and to brief university officials regarding progress or resolutions as needed.

- For more information, including forms of abuse and neglect, please refer to the University’s Child Abuse Reporting Policy and Procedures.

**Training**

In order to ensure the safety and well-being of children and vulnerable adults, all individuals, including University faculty, staff, students, volunteers, and representatives will be directed to complete training on reporting requirements.
Appendix IV: HIPAA Policies and Procedures & HIPAA Notices and Forms

THE UNIVERSITY OF ALABAMA

SPEECH AND HEARING CENTER

HIPAA Policies and Procedures

OVERVIEW

HIPAA: Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Two parts:
1. EDI (electronic data interchange): electronic billing
2. Privacy
   - confidentiality of client/client information
   - security of client records

HIPAA amends the Social Security Act creating stricter and more comprehensive regulations regarding the handling of confidential client/client information. The goal is to ensure a reasonable level of security in an era of electronic data collection and storage. Any agency that bills electronically falls under HIPAA requirements.

Any qualifying agency which does not abide by HIPAA regulations is in violation of federal law. HIPAA differs from the Social Security Act in that individuals, as well as professional and business agencies, can be held liable.

Penalties for violation of HIPAA regulations:

Criminal penalties
- Knowingly: 1 year/$50,000.00
- False pretenses: 5 years/$100,000.00
- Malice, commercial advantage, personal gain: 10 years/$250,000.00

Civil penalties
- $100.00 for each violation
- $25,000.00 annual limit for violating each identical requirement—could be a big number

The University of Alabama Health Care Component (UAHCC)

The University of Alabama has been designated as a hybrid entity. Specific Health Care Components of the University, including the Speech and Hearing Center, must comply with HIPAA regulations.

Protected Health Information (PHI)

PHI includes but is not limited to billing, diagnostic, treatment, case management information (treatment plans, progress notes, lesson plans), videotapes, audio tapes, photographs, and conversations. The information can be in any form or medium, including on paper, verbal, taped, or electronic. The records can be formal or informal.
ADMINISTRATIVE POLICIES

Compliance

The Speech and Hearing Center Policies and Procedures for HIPAA Compliance are effective April 14, 2003.

All employees and student clinicians engaged in the delivery of clinical services or who have access to protected health information must abide by HIPAA Policies and Procedures. Violation will be reported to the HIPAA Privacy and Security Officer and result in disciplinary measures as prescribed by University of Alabama policy. Violation and resultant disciplinary measures will be categorized as unintentional, knowingly, and knowingly for personal gain. Any individual who is aware of violation of HIPAA policy can report the violation with no concern of repercussions.

Training

All Department of Communicative Disorders/Speech and Hearing Center faculty, clinical supervisors, staff, and clinical practicum students will participate in HIPAA training.

Training in HIPAA Policies and Procedures will be provided as follows:

- Faculty, clinical supervisors, and staff will be provided with the policies and procedures when joining the Department as a new employee. HIPAA Policies and Practices will be stored on the CD Department share drive for review. Changes in policies and practices as well as review of policies will take place annually in faculty meetings.
- Students enrolled in clinical practicum classes will receive HIPAA training prior to engaging in observation or provision of clinical services.

Electronic Data Exchange (EDI)

All electronic billing will be conducted using standardized codes. The computer(s) used for EDI will have antivirus software and be password protected.

Designated Record Set

The following clinical documents are typical Speech and Hearing Center Record Sets:

- Speech-Language Diagnostic Report
- Audiologic Diagnostic Report
- Plan of Care
- Lesson Plans
- Progress Notes
- Speech-Language Treatment Report
- Audiologic Treatment Report
- IEP: Individualized Educational Plan; IFSP: Individualized Family Service Plan
- Billing forms

These clinical records fit the definition of protected health information (PHI).
Identification of Authorized Personnel

Clinical supervisors and practicum students participating in the delivery of clinical services must wear their Speech and Hearing Center ID. Parents/clients have the right to see identification before allowing a child/client to leave the waiting room with a clinician.

PRIVACY and SECURITY POLICIES

Summary of Privacy and Security Policies

Protected health information cannot be accessed by, used by, or disclosed to an unauthorized individual or agency without the client’s written permission. No identifying client information can be disclosed during class presentations, teaching, or research without the client’s written permission. Clinical records, paper and electronic, must be handled and stored in a manner that ensures a reasonable level of privacy and security.

Policy on Access to Client Records

- Protected health information in any form, including videotape or audiotape, cannot be used for activities not related to treatment, payment, or operation without the written permission of the client or parent/legal guardian.

- Faculty, clinical supervisors, staff, or students uninvolved in delivery of clinical service to a client should not access client records which include protected health information unless authorized.

Identification of Access to Records Needed for Classes of Persons in Workplace

The following workforce members have need-to-know access to PHI. No workforce member can access PHI prior to HIPAA training.

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<th>Position</th>
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<td>Level 1</td>
<td>Clinic Director/Department Chair, Clinic Coordinators</td>
<td>Complete access</td>
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<tr>
<td>Level 2</td>
<td>Clinical Supervisors</td>
<td>Need-to-know basis for delivery of clinical services and clinical teaching</td>
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<tr>
<td>Level 3</td>
<td>Office Staff, Student Workers</td>
<td>Need-to-know basis for operations</td>
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<tr>
<td>Level 4</td>
<td>Student Clinicians enrolled in CD clinical courses</td>
<td>Need-to-know basis for staffing with clinical supervisor and delivery of clinical services</td>
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<tr>
<td>Level 5</td>
<td>Faculty</td>
<td>As authorized for teaching and research</td>
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Policy on Storage of Protected Health Information

- All protected health information, including billing information, client files, photographs, videotapes, and audiotapes must be stored in a secure area. The door, storage cabinet, or file cabinet must be locked if the area is unsupervised. An inventory must be kept up-to-date.

- Protected health information, including billing information, client files, photographs, videotapes, or audiotapes should not be left unattended.

- Computer monitors should not be visible to unauthorized persons moving through the area. Computers will be anti-virus and password protected. Computers will lock if not in use.

- The security of protected health information, including billing information, client files, clinical records, photographs, videotapes, or audiotapes is the responsibility of the person accessing the records.

- Students should refer to the Department of Communicative Disorders Manual for policies regarding clinic files and working files.

- Clinical records should be secure in the file and organized according to policies described in the Department of Communicative Disorders Manual.

- PHI stored electronically is protected and cannot be stored on a hard drive or portable drive of any kind. PHI will be stored only on A&S share drive to accounts assigned specifically for PHI. Refer to the Department of Communicative Disorders Manual for specific instructions.

Policy on Observation of Diagnostic or Treatment Session

Observation of clinical services by students enrolled in courses in the Department of Communicative Disorders is part of the operation of the Speech and Hearing Center. Observation by other individuals, including parents/caregivers, must be carried out in accordance with observation policies in the Department of Communicative Disorders Manual.

Policy on Protected Health Information Stored on Computer

Protected health information can be stored on share drive accounts using password protected computers with have antivirus software. Students must complete HIPAA training prior being granted access to the student computer lab or being assigned a share drive account.

1. Students can write and save client reports only under the password protected University of Alabama Speech and Hearing Center share drive accounts on computers in the Speech and Hearing Center Computer Lab. PHI cannot be saved to the hard drive, flash drive or any type of portable/removable device. PHI cannot be e-mailed to any computer outside the Speech and Hearing Center. Students will be instructed in use of share drive accounts during beginning of the semester clinic meeting.

2. The HIPAA Privacy and Security Officer or Speech and Hearing Center office staff, with the UA tech support, will create student share drive accounts as well wipe them clean and reassign passwords when the student is no longer enrolled in clinical practicum.
Policy on Use of PHI for Fundraising and Marketing

PHI, including photographs, audiotapes, and videotapes, cannot be used for marketing, fundraising, or community awareness programs without the client’s permission.

Policy on Disposal of Records

The PHI records contained in client files are legal documents. They cannot be disposed of or destroyed without the approval of the Clinic Director.

- Student clinicians cannot dispose of or destroy PHI.
- Any document containing PHI targeted for disposal must be shredded.
- Any clinical records to be archived must be stored in a manner and location in keeping with Privacy and Security regulations.

Policy on Workplace Security

- All building and door keys must be stored in a secure location and out of sight. Never leave a key hanging in a lock.
- Report any suspicious event or person to your clinical supervisor.
- An up-to-date key inventory will be maintained in the Speech and Hearing Center office.
- See the Department of Communicative Disorders Manual for procedures regarding the security of the clinic areas.

NOTICES

Notice of Health Information Practices

Notice of Health Information Practices is a detailed description of how PHI can be disclosed. Notice of Health Information Practices will be offered to each client at the time of his/her first appointment. It will be posted in the Speech and Hearing Center waiting room and on the Departmental web site (www.cd.ua.edu). Speech and Hearing Center clients will be offered a written copy during their first visit to the Speech and Hearing Center.

Acknowledgement of Notice of Health Information Practices

Acknowledgement of Notice of Health Information Practices form must be signed by each client, or client representative, at the time of the first visit to the Speech and Hearing Center. This form summarizes Notice of Health Information Practices and acknowledges that the client has been offered the Notice of Health Information Practices in its entirety. It explains Health Information Practices specific to the Speech and Hearing Center. Once this form has been signed, PHI can be disclosed to an agency/individual/service delivery program for the purpose of treatment, payment, or Speech and Hearing Center operations. Treatment and diagnostics are considered treatment. The Acknowledgement of Notice of Health Information Practices form is kept in the client file and must be updated every three years.
Policy on Disclosure of Information Not Covered by the Summary of Health Information Practices Form

PHI cannot be disclosed for reasons other than treatment, payment, or operations unless the Authorization to Release or Obtain Information form has been completed and signed. Examples of when this form would be necessary include but are not limited to release of records to an attorney without a subpoena, a class presentation, brochure, or research project.

Policy on Disclosure of PHI for Teaching/Research

PHI cannot be used for teaching or research purposes without a signed authorization form unless the PHI has been de-identified according to HIPAA requirements:

- Telephone numbers
- Fax numbers
- Electronic mail addresses
- Social security numbers
- Medical record numbers
- Health plan beneficiary numbers
- Account numbers
- Certificate/license numbers
- Vehicle identifiers and serial numbers, including license plate numbers
- Device identifiers and serial numbers
- Web Universal Resource Locators (URLs)
- Internet Protocol (IP) address numbers
- Biometric identifiers, including finger and voice prints
- Full face photographic images and any comparable images
- Any other unique identifying number, characteristic, or code, except as permitted by re-identification procedures.

Policy on Oral Disclosure of Protected Health Information

- Protected health information should not be communicated verbally within earshot of unauthorized individuals.
  - Do not discuss a diagnostic or treatment session in the waiting room or any other area in which there are unauthorized persons.
  - Do not discuss a diagnostic or treatment session without written permission with anyone other than the clinician or clinical supervisor, the client, or client representative.
  - Do not discuss PHI outside the Speech and Hearing Center or with unauthorized individuals.
  - Do not provide protected health information over the telephone without written permission, or within earshot of unauthorized persons.
  - Messages cannot be left on clients’ answering machines or voice mail unless the Permission to Contact form has been signed. This form will be retained in the client's file. It will be updated every three years.
**Policy on Faxing Protected Health Information**

When faxing individually identifiable health information, the Speech and Hearing Center will:

- use a special fax cover sheet
- include a “confidential” statement on the Fax Cover Sheet
- use fax machines located in secure, limited access areas
- verify fax requests from unfamiliar sources
- test preprogrammed fax number before it is used the first time

The Speech and Hearing Center will not fax sensitive, highly personal PHI. Students cannot FAX PHI without the approval of their clinical supervisor.

**Policy on E-mail Disclosure**

Disclosure of PHI by e-mail involves unique risks. Client permission to transmit PHI by e-mail is authorized on the *E-Mail Consent Form*. Clinical supervisors should use encrypted email to transmit protected health information. Student clinicians or student workers should not transmit clinical records or any other highly sensitive information by e-mail.

**Policy on Social Media**

Social media, such as Facebook and Instagram, cannot be used to communicate with client or client’s parent/caregiver. No information, including photos or videos, regarding a client or client’s parent/caregiver should be shared on social media platforms. Students cannot have a connection/relationship on any social media platform with clients or client’s parent/caregiver at any time they are enrolled in this educational program. Students cannot have a connection/relationship on any social media platform with CD Faculty/Staff members at any time they are enrolled in this educational program. If students have a social media connection/relationship with any client, client’s parent/caregiver, or CD Faculty/Staff member that was established prior to becoming a CD student, they are asked to suspend that connection until they have completed and/or are no longer enrolled in the program.

**POLICIES ON CLIENTS’ RIGHTS**

**Policy on Client’s Right to Review and Amend PHI**

The client has the right to review and amend most of the records in the client file. The client has the right to request that those records be amended. The request for amendment must be submitted in writing and reviewed by the clinical supervisor.

The request can be granted or denied as deemed appropriate by the clinical supervisor. This form will be retained in the client’s file.

**Policy on Information Not to be Disclosed**

Information which the clinician deems to be private does not have to be disclosed to the client. Information not to be disclosed should be recorded on the *Do Not Disclose This PHI form*. 
**Policy on Disclosure as Required by Law**

The Speech and Hearing Center will disclose PHI as required by law, such as requirements to report abuse or in response to a subpoena. (See *Notice of Privacy Practices*). The University of Alabama Office of Counsel, 348-5940, should be contacted before records are released in response to a court order or subpoena. Should a subpoena be served to a Speech and Hearing Center employee or student, it must be served in the main office.

**Policy on Right to Accounting of PHI Disclosure**

The client has the right to know to whom and for what reason PHI has been disclosed. The *Summary of File Access* form must be kept up to date in each client file.
THIS NOTICE DESCRIBES HOW CLINICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. YOU MAY TAKE THIS COPY FOR YOUR OWN PERSONAL USE.

WHO WILL FOLLOW THIS NOTICE.

This notice describes the health information practices of the Speech and Hearing Center of The University of Alabama (a covered hybrid entity) and to the administrative departments at the University of Alabama that provide legal, billing, auditing, or other administrative support for this health care component, including but not limited to The University of Alabama Office of Counsel, The University of Alabama System auditors, the University’s Privacy Officer, Human Resources, and Risk Management: the Speech and Hearing Center. For purposes of this Notice, this UA health care component and its affiliated administrative support departments within the University shall be referred to as “The Speech and Hearing Center.”

OUR PLEDGE REGARDING CLINICAL INFORMATION.

We understand that clinical information about you and your health is personal. We are committed to protecting clinical information about you. We create a record of the care and services you receive at the Speech and Hearing Center. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated or maintained by the Speech and Hearing Center, whether made or maintained by the Speech and Hearing Center personnel or your personal clinician.

This notice will tell you about the ways in which we may use and disclose clinical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of clinical information. We are required by law to:

- make sure that clinical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to clinical information about you;
- follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE CLINICAL INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose clinical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.
For Treatment and Treatment Alternatives. We may use clinical information about you to provide, coordinate, or manage your clinical treatment and/or related services. We may disclose clinical information about you to clinicians, student trainees, or other the Speech and Hearing Center personnel or people outside our facility who are involved in taking care of you. For example, clinical information may be shared in order to coordinate different things you may need, such as further evaluation or medical treatment. We may also disclose your clinical information, as necessary, to other physicians or professionals who may be treating you or to whom you have been referred to ensure that they have the necessary information to diagnose or treat you. We also may disclose clinical information about you to people outside the Speech and Hearing Center who may be involved in your clinical care after you leave, such as your local physician, family members, public school personnel, or others we use to provide services that are part of your care. We may use and disclose your clinical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

For Payment. We may use and disclose clinical information about you so that the treatment and services you receive at the Speech and Hearing Center may be billed to you and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about a treatment or services you received so your health plan will pay us or reimburse you for those treatments or services. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Routine Health Care Operations. We may use and disclose clinical information about you for the Speech and Hearing Center routine clinical operations. For example, we may use/disclose your clinical information to conduct or arrange for clinical reviews, legal services, and auditing functions; to resolve internal grievances; or to conduct other business management and general administrative activities of the Speech and Hearing Center. These uses and disclosures are necessary to run this Speech and Hearing Center and make sure that all of our clients receive quality care. We may also use clinical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine clinical information about many Speech and Hearing Center clients to decide what additional services the Speech and Hearing Center should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to clinicians, student trainees, and Speech and Hearing Center personnel for review and learning purposes. We may also combine the clinical information we have with clinical information from other entities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of clinical information so others may use it to study clinical service delivery without learning who the specific clients are.

Individuals Involved in Your Care or Payment for Your Care. With your permission, we may release clinical information about you to a friend, relative, family member or any other person you identify who is involved in your clinical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition. In addition, we may disclose clinical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Appointment Reminders and Health-Related Benefits and Services. We may use and disclose clinical information to contact you as a reminder that you have an appointment for treatment or clinical care at the Speech and Hearing Center or to tell you about services that may be of interest to you.

Teaching. The Speech and Hearing Center is a teaching/training program. Therefore, clinical information is often used for these purposes. It is common practice to video-tape or audiotape clinical sessions for teaching purposes. Other clinical records might be reviewed with students for teaching purposes. Information will be used or disclosed only to students enrolled in clinical education courses who have received training regarding privacy and security of protected health information.

Research. Under certain circumstances, we may use and/or disclose clinical information about you to researchers when their clinical research study has been approved by an Institutional Review Board. While most clinical research studies require specific client consent, there are some instances where client authorization is not required. For example, a research project may involve comparing the health and recovery of all clients who received one medication to those who received another, for the same condition. This would be done through a retrospective record review with no client contact. The Institutional Review Board reviews the research proposal to make certain that the proposal has established protocols to protect the privacy of your health information.
Fundraising Activities. We may use clinical information about you to contact you in an effort to raise money for the Speech and Hearing Center. We may disclose clinical information to a foundation related to the Speech and Hearing Center so that the foundation may contact you in raising money for the Speech and Hearing Center. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at the Speech and Hearing Center. If you do not want the Speech and Hearing Center to contact you for fundraising efforts, you must notify the Speech and Hearing Center Privacy Officer, Box 870242, Tuscaloosa, Alabama, 35487 in writing.

Certain Marketing Activities. The Speech and Hearing Center may use clinical information about you to forward promotional gifts of nominal value, to communicate with you about services offered by the Speech and Hearing Center, to communicate with you about case management and care coordination and to communicate with you about treatment alternatives.

The Speech and Hearing Center Directory. We may include certain limited information about you in the Speech and Hearing Center directory while you are a client at the Speech and Hearing Center. This information may include your name and location while at the Speech and Hearing Center. Your name may be released to people who come by or call and ask for you by name.

Business Associates. There are some services provided in the Speech and Hearing Center through contracts with business associates. An example would be companies we use to provide communication devices. When these services are contracted, we may disclose your clinical information to our business associate so that they can perform the job we’ve asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

As Required By Law. We will disclose clinical information about you when required to do so by federal, state or local law.

Public Health Risks & Communicable Diseases. We may disclose clinical information about you to public health or legal authorities charged with preventing or controlling disease, injury, or disability. For example, we are required to report the existence of a communicable disease, such as tuberculosis, to the Alabama Department of Public Health to protect the health and well-being of the general public. We may disclose clinical information about you to individuals exposed to a communicable disease or otherwise at risk for spreading the disease. We may disclose clinical information to your employer if required to determine whether you suffered a work-related injury.

Food and Drug Administration (FDA). We may disclose to the FDA and to manufacturers clinical information about adverse events with respect to food or supplements or product defects or problems, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

Victims of Abuse, Neglect or Domestic Violence. We are required to report child, elder and domestic abuse or neglect to the State of Alabama.

Health Oversight Activities. We may disclose clinical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose clinical information about you in response to a court or administrative order. We may also disclose clinical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested. We may disclose clinical information for judicial or administrative proceedings, as required by law.

Law Enforcement. We may release clinical information for law enforcement purposes, as required by law. We may disclose clinical information: a) in response to a court order, court-ordered subpoena, warrant or summons issued by a judicial officer; b) to identify or locate a suspect, fugitive, material witness or missing person; c) about an individual suspected to be the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement; d) about a death we believe may be the result of criminal conduct; e) about criminal conduct occurring on the University’s or the Speech and Hearing Center’s premises; or f) in emergency circumstances, to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.
Coroners, Clinical Examiners and Funeral Directors. We may release clinical information to a coroner or clinical examiner. This may be necessary, for example, to identify a deceased person, determine the cause of death, or perform other legal duties. We may also release clinical information about clients to funeral directors as necessary to carry out their duties.

Organ and Tissue Donation. If you are an organ donor, we may use or release clinical information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organ, eye or tissue to facilitate organ or tissue donation and transplantation.

To Avert a Serious Threat to Health or Safety. We may use and disclose clinical information about you when necessary to prevent or lessen a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone reasonably able to help prevent or lessen the threat.

Military and Veterans. If you are a member of the armed forces, we may release clinical information about you as required by military command authorities. We may also release clinical information about foreign military personnel to the appropriate foreign military authority.

National Security and Intelligence Activities. We may release clinical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose clinical information about you to authorized federal officials so they may provide protection to the President or other authorized persons or foreign heads of state or so they may conduct special investigations.

Workers’ Compensation. We may release clinical information about you for workers’ compensation or similar programs that provide benefits for work-related injuries or illness.

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release clinical information about you to the correctional institution or law enforcement official.

Other uses and disclosures. Any other uses and disclosures will be made only with your written authorization.

YOUR RIGHTS REGARDING CLINICAL INFORMATION ABOUT YOU.
Although all records concerning your treatment obtained at the Speech and Hearing Center are the property of the Speech and Hearing Center, you have the following rights regarding clinical information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy clinical information that may be used to make decisions about your care. Usually, this includes clinical and billing records, but does not include psychotherapy notes; information compiled in anticipation of criminal, civil, or administrative proceedings; or information subject to a law that prohibits access.

To inspect and copy clinical information that may be used to make decisions about you, you must submit your request in writing to the Speech and Hearing Center Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to clinical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the Speech and Hearing Center will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. If you feel that clinical information we have about you in our records is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Speech and Hearing Center.
To request an amendment, your request must be made in writing and submitted to the Speech and Hearing Center Privacy Officer. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the clinical information kept by or for the Speech and Hearing Center;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of certain disclosures we made of clinical information about you for reasons other than treatment, payment, or health care operations as described in this notice. This accounting also will not include disclosures we may have made to you, to family members or friends involved in your care, for notification purposes, or in response to disclosures for which we obtained your authorization/permission.

To request this list or accounting of disclosures, you must submit your request in writing to the Speech and Hearing Center Privacy Officer. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the clinical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the clinical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Speech and Hearing Center Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about clinical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Speech and Hearing Center Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted and must provide information on how payment will be handled.

Right to Revoke Authorization. You have the right to revoke your authorization to use or disclose your clinical information except to the extent that action has already been taken in reliance on your authorization.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, www.cd.ua.edu

To obtain a paper copy of this notice contact the Speech and Hearing Center office.
CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for clinical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the Speech and Hearing Center facility and on our website noted above. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you visit the Speech and Hearing Center to receive health care services, we will offer you a copy of the current notice in effect.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information, you may contact the Speech and Hearing Center Privacy Officer, Box 870242, Tuscaloosa, Alabama, 35487, 205-348-7131.

If you believe your privacy rights have been violated, you may file a complaint with the Speech and Hearing Center Privacy Officer or with the Secretary of the Department of Health and Human Services. To file a complaint with the Speech and Hearing Center Privacy Officer, contact Box 870242, Tuscaloosa, Alabama, 35487, 205-348-7131. All complaints must be submitted in writing. Your complaint may be shared with the UA Privacy Officer and others at the University who assist the UA Privacy Officer and the Speech and Hearing Center Privacy Officers with HIPAA compliance.

You will not be penalized or retaliated against for filing a complaint.

NOTICE EFFECTIVE DATE: The effective date of the notice is April 14, 2003.

The following form gives the Speech and Hearing Center the right to contact the client in various ways. This form should be completed and signed by the client during the first visit and placed in the client file.
Our Notice of Health Information Practices is summarized below. Please review it carefully and sign it. Return this form to your clinician. The full version is available upon request or in our waiting room, and is yours to keep if you would like to have it. You can also access the Notice on-line at www.cd.ua.edu

The Notice explains when we might use/disclose your health information, and includes some of the following examples:

- when you give us permission to disclose your health information
- to aid in your treatment
- to help us or other health care providers get paid for services provided to you
- to improve our health care operations
- for use by businesses with whom we contract to help provide administrative support, but only if they agree in writing to keep your information private
- to persons involved in your health care or the payment for your health care
- to public health agencies, governmental agencies, or other entities or persons when required or authorized by law or when required or permitted to do so by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Since the Speech and Hearing Center is a training facility for students majoring in Communicative Disorders, it is common practice for evaluation or therapy sessions to be observed or recorded for the following teaching and collaborative purposes:

- review by the clinician and clinical supervisor to evaluate the clinician’s performance
- review by the clinician and clinical supervisor to evaluate the client’s progress and adjust services if needed
- review by clinical supervisors for collaboration on how to better serve you or your child
- review by other students enrolled in clinic or Department of Communicative Disorders classes for teaching purposes

If you do not want to be recorded or do not want your child to be recorded for these purposes, you must inform your clinician. You will be given a form to sign stating that recordings are not to be made. It will be placed in your client file.

Clinical sessions will be observed by authorized individuals who have undergone training regarding Speech and Hearing Center clients’ right to confidentiality. Observation is required for students enrolled in various aspects of clinical training. It is also required as part of the teaching/learning process for student clinicians and clinical supervisors. It is sometimes recommended practice for parents to be engaged in the clinical process. Parents, with permission of the clinical supervisor, will at times observe their child’s therapy.

The Notice also explains some of your rights under HIPAA, including but not limited to, your:

- right to ask that information about you not be disclosed to certain persons
- right to ask that we communicate differently with you to ensure your privacy
- right to look at and get a copy of most of your health information in our records
- right to request that we correct health information in your record that is wrong or misleading
- right to have us tell you to whom we have disclosed your health information
- right to make a complaint with our Privacy Officer or the Secretary of the U.S. Department of Health and Human Services.

I acknowledge that I have been given an opportunity to review this facility’s Notice of Health Information Practices, that I understand what kind of information is contained in the Notice, that I am entitled to have my own personal copy of the Notice, and that a copy is available for me to have.

Client Name (Print): ___________________________________________ Date: ___________________

Legal Representative Name (Print): ________________________________________________________

Signature: _____________________________________________________________________________
I authorize the Speech and Hearing Center to leave messages for me regarding clinical services as specified below. These messages may include appointment reminders, schedule changes, or other private health information, including information about evaluation or treatment. It is your responsibility to notify us should this information change. **You do not have to check any of these options if they do not apply to you, or if you do not want us to communicate with you at these different locations.**

_Circle yes or no_

I give my permission for the Speech and Hearing Center to call me  
Yes  No  at home  
Yes  No  at work  
Yes  No  on my cell phone 

I give my permission for the Speech and Hearing Center to leave a message  
Yes  No  on my answering machine  
Yes  No  on my voice mail  
Yes  No  with the person who answers if I am unavailable 

I give my permission for the Speech and Hearing Center  
Yes  No  to leave a message with appoint/schedule information  
Yes  No  to leave message with more detailed information  

I give my permission for the Speech and Hearing Center  
Yes  No  to mail written information to my home  
Yes  No  to FAX to this number #: ___________________

The following authorized person(s) have access to my Speech and Hearing Center records:  
Person: ______________________________  Relationship: __________________
Person: ______________________________  Relationship: __________________

**Confidentiality:** It is our goal to keep you informed of your or your child’s progress and test results. If you would like to discuss this information in a private location away from the waiting area, please inform your clinician. We will make every effort to respect the confidential nature of your services.

Client Name (Print): ______________________________  Date: _____________
Legal Representative Name (Print): ______________________________
Signature: ______________________________

Valid until discharged from services unless otherwise specified.
Client Name: ______________________________________________   File #: __________________________

Each time PHI is disclosed or the client file is accessed, record the activity below and sign the activity.

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NON-ACADEMIC EXPECTATIONS:

In order to acquire the knowledge and skills requisite to the practice of speech-language pathology to function in a broad variety of clinical situations, and to render a wide spectrum of patient care, individuals must have non-academic skills and attributes in five essential areas: communication, motor, intellectual-cognitive sensory-observational, and behavioral-social. These skills enable a student to meet graduate and professional requirements as measured by state licensure and national certification. Many of these skills will be learned and developed during the course of the graduate program through coursework and clinical experience. *The starred items (§), however, are skills that are more inherent and should be present when a student begins the program.*

1. COMMUNICATION

A student must possess adequate communication skills to:
- *Communicate proficiently in both oral and written English language.
- *Possess reading and writing skills sufficient to meet curricular and clinical demands.
- *Perceive and demonstrate appropriate non-verbal communication for culture and context.
- *Modify communication style to meet the communication needs of clients, caregivers, and other persons served.
- Communicate professionally and intelligibly with patients, colleagues, other healthcare professionals, and community or professional groups.
- Communicate professionally, effectively, and legibly on patient documentation, reports, and scholarly papers required as a part of coursework and professional practice.
- Convey information accurately with relevance and cultural sensitivity.

2. MOTOR

A student must possess adequate motor skills to:
- *Sustain necessary physical activity level in required classroom and clinical activities.
- *Respond quickly to provide a safe environment for clients in emergency situations including fire, choking, etc.
- *Access transportation to clinical and academic placements.
- *Participate in classroom and clinical activities for the defined workday.
- Efficiently manipulate testing and treatment environment and materials without violation of testing protocol and with best therapeutic practice.
- Manipulate patient-utilized equipment (e.g. durable medical equipment to include AAC devices, hearing aids, etc.) in a safe manner.
- Access technology for clinical management (i.e. billing, charting, therapy programs, etc.)
- *Lift a small child (approximately 50 lbs.)

3. INTELLECTUAL / COGNITIVE

A student must possess adequate intellectual and cognitive skills to:
- *Comprehend, retain, integrate, synthesize, infer, evaluate and apply written and verbal information sufficient to meet curricular and clinical demands.
• Identify significant findings from history, evaluation, and data to formulate a diagnosis and develop a treatment plan.
• Solve problems, reason, and make sound clinical judgments in patient assessment, diagnostic and therapeutic plan and implementation.
• Self-evaluate, identify, and communicate limits of one’s own knowledge and skill to appropriate professional level and be able to identify and utilize resources in order to increase knowledge.
• Utilize detailed written and verbal instruction in order to make unique and dependent decisions.

4. SENSORY/OBSERVATIONAL

A student must possess adequate sensory skills of vision, hearing, tactile, and smell to:
• Visually and auditorily identify normal and disordered fluency; articulation; voice; resonance; respiration characteristics; oral and written language in the areas of semantics, pragmatics, syntax, morphology and phonology; hearing and balance disorders; swallowing; cognition; and social interaction related to communication.
• Identify the need for alternative modalities of communication.
• Visualize and identify anatomic structures.
• Visualize and discriminate imaging findings.
• Identify and discriminate findings on imaging studies.
• Discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests.
• Recognize when a client’s family does or does not understand the clinician’s written and/or verbal communication.

5. BEHAVIORAL/ SOCIAL

A student must possess adequate behavioral and social attributes to:
• *Display mature empathetic and effective professional relationships by exhibiting compassion, integrity, and concern for others.
• Work in a collegial and effective manner with peers, faculty, supervisors, and staff.
• Set and maintain professional boundaries with peers, faculty, supervisors, staff, clients, and families.
• *Recognize and show respect for individuals with disabilities and for individuals of different ages, genders, race, religions, sexual orientation, and cultural and socioeconomic backgrounds.
• *Conduct oneself in an ethical and legal manner, upholding the ASHA Code of Ethics, and university and federal privacy policies.
• *Maintain general good physical and mental health and self-care in order not to jeopardize the health and safety of self and others in the academic and clinical setting.
• Adapt to changing and demanding environments (which includes maintaining both professional demeanor and emotional health).
• Manage the use of time effectively to complete professional and technical tasks within realistic time constraints.
• Accept appropriate suggestions and constructive criticism and respond by modification of behaviors.
• Dress appropriately and professionally.
EVALUATION/REMEDICATION PROCEDURES FOR NON-ACADEMIC EXPECTATIONS

It is possible for a student to be in good standing academically but not possess the non-academic traits or abilities that are the underpinning of clinical effectiveness. These traits and abilities are important to the student’s standing in the program and will be considered during the admission process as well as throughout their academic and clinical training.

Once admitted to the graduate program, the KASA Form will be used as the primary instrument to evaluate students during the course of clinical training. It must be understood, however, that evaluation of non-academic traits will involve a degree of subjectivity. When concerns arise regarding an individual student, final assessment will be based on the opinion of a committee of professionals who are themselves successful in the profession.

When concerns arise regarding the non-academic traits and abilities that provide the foundation for clinical success, the student will be brought up for non-academic review. The review process will be completed by a committee that may consist of the Department Chair, Clinic Director, at least one clinical supervisor, and at least one faculty member. When appropriate, a remediation plan will be presented to the student with a timeline required for demonstration of an acceptable level of improvement.

NON-ACADEMIC ACCOMMODATIONS

The Department of Communicative Disorders welcomes applications to the graduate program from students with disabilities and from diverse backgrounds. Each student will be considered on an individual basis. Accommodations where needed and appropriate will be provided. If accommodations are (1) incompatible with acquisition of core competencies required for certification (KASA) or (2) become intrusive to the clinical process to the point that the client’s interests cannot be placed above all other considerations, a non-academic review will take place. The student will be advised according to the outcome of that review.

Students who anticipate difficulty in any of these areas should inform the Department Chair to discuss necessary accommodations. The student should also register with the Office of Disabled Student Services.
Appendix VI: Portable Voice and Video Recorders Check-out Procedures

The clinic has video cameras and digital voice recorders available for student use. Recorders may be checked-out from the front office. Use of recorders is restricted to recording evaluation and treatment sessions. The following rules will be strictly enforced:

1. Recorders may be checked-out up to 1 hour prior to use.
2. Recorders must be returned the same day they are checked out.
3. Recorders must be returned with all contents deleted.
4. Recorders must be checked-in by a front office staff member.
5. Students who do not return recorders the same day or not in the same condition will be charged a replacement fee of $115.00 to their University Student Account for voice recorders and $350.00 for the video cameras.

In order to protect the privacy and confidentiality of clients who have been recorded, the following rules will be strictly enforced:

1. Recordings may only be uploaded to the student’s share drive folder or the supervising SLP’s folder on the share drive.
2. Recordings may not be emailed or copied to other folders or accounts.
3. Recordings may not be saved to portable devices (i.e., DVDs, jump drives, etc.).
4. All recordings should be deleted from the student’s share drive folder once the video is no longer needed.

**Uploading and Viewing Videos:**

Two computers in the student work room are available for uploading flip video recordings to your share drive folder. Once uploaded, you may view your recordings from any computer in the student work room.

To upload recordings from the Cannon video cameras, you must use the computer located in the supervisors’ workroom next to the test closet. Once uploaded to your share drive folder, you may use any computer in the student work room for viewing.
Appendix VII: SHC Centralized Camera System Information
Clinical Observation Recording System (CORS)
Administrators: DeLaine Stricklin and Mary Ray-Allen

Cameras are located in the following rooms:
Room 103
Room 107
Room 110
Room 113
Room 114
Room 119
Room 120
Room 192
Room 196
Room 201
Room 206
Room 292

All computers in the student work room and computer lab on the adult treatment wing have a camera link on the desktop for accessing the camera system.

Per our policy, it is required that clinical students wear headphones in the student room and computer lab while watching a video.

Videos are to be accessed in The Speech and Hearing Clinic ONLY. It is a violation of HIPAA, if caught observing in any other location. There is login tracking data to monitor logins and IP addresses.

The web address is: cors.ua.edu
You will see the login for VALT (Video Audio Learning Tool)
Once the login page appears, use the following login information:
Username: (bama username)
Password: change*me1

You will need to change your password the first time you sign on. To do this, go to the right-hand corner of the page and click on the visual representation of a “lock”. This will bring up the site that will allow you to create your own password. Your password must have one capital letter and at least one number.

To Schedule a Recording:
1. Click on the functions tab, then click on schedule.
2. To create a new schedule click on “new schedule”.
3. Under the “Information” tab, select camera room, recording name** (see below for specifics of the recording name design), supervisor, student clinician, client, session type, client type, format, primary category, if needed and specific disorder, if needed.
4. Click “Save Schedule” to move to the “Schedule” tab.
5. Under this tab, select start date, start time** (the afternoon is in military time but will convert to pm on the Review page), select duration, and if it is a recurring video check the “Recurrence” box.
6. Under recurrence, you can choose how often you would like it to repeat and the range date. The range date should be the last day of clinic for each semester unless it is fewer sessions than the semester end date. This is easily achieved by using the “end by” box.
7. Videos can be recording while in the “Observe” screen by clicking on “Record”.

**Watching Live Controls:**
1. There is a zoom on the screen in the top right corner, but for more specific positioning, click on the screen to bring up more options.
2. Once on the screen, it will bring up another visual menu. Cameras can be preset for positions, and the speaker can be turned on or off.
3. On the visual menu there is a diamond-shaped feature. Click on this, and you can more specifically set the camera. The arrows allow you to move the camera position, and the outer circle with the dots, controls the speed of the cameras.

**To Review a Recording:**
1. The clinical supervisor must give you the option to review a recording by sharing it with you. This can be done at set-up under the “Sharing” tab or after the video is recorded by going to the “Review” tab on the home screen and clicking on “Options”.
2. When a recording is active, it shows the room information in “red”. A user can stop active recording by clicking the Stop link.

**To Locate a Video and Playback:**
1. Click on the “Review” tab.
2. Put in the start date and end date for your search.
3. Enter search information such as clinical supervisor or clinical student’s last name.
4. Find the video you would like to review and double click on it. The video should come up and allow you to play the video.
5. If you need to download a video, it must go through the Administrators.

**Playback Markers:**
Markers are used to create points of interest within a video that allows users to easily jump back to. These are similar to chapters in a DVD. During either live view or playback a user has the ability to add markers to a recording by clicking the mark button. To use the markers during playback just click on select the marker and “add Marker”.

**Deletion of Recordings:**
All videos are deleted on a 365 day rotation per administrator settings. If a recording needs to be downloaded or save for a longer period of time, please get with the Administrator. Downloads are not available to the clinical students. If a video requires a long-term (over one semester) save, it should be saved into the individual’s secure UA Box system. This is per UA HIPAA.

At the end of each semester, all recurring video recordings should automatically stop, if the “End date” was set properly at the beginning of the semester.

**Recording Name Guidelines for ALL Recordings:**
(Supervisor’sLastName)(StudentCLN’sLastName)(Type Treatment)(Group, if applicable)(Age or Grade, if individual)(PK, SchoolAge, Adult, if group)(Gender, if individual)

**Individual Client Examples:** KuchSmithMixedLang8yo m CookJonesArticDX4yof

**Group Therapy Examples:** KuchSmithAACGroupPK or AllenWattsCogntivieGroupAdult
Only list one type of treatment or it can be marked as DX for diagnostic.

Choose the best one that describes the client from this list:

AAC
Accent
Aphasia
Apraxia
AuralRehab
Autism
AudProc
Artic
CleftPalate
Cog
Dysphagia
ExecFunc
ExpLang
RecLang
MixLang
Literacy
Phonology
Pragmatic
LSVT
Fluency
Transgender
Other
Appendix VIII: Guidelines for Requesting Out-of-Area Sites for Clinical Training

1. No out-of-area site request is guaranteed.
2. Out-of-area sites include any site not in the following counties: Bibb, Fayette, Green, Hale, Jefferson, Pickens, Tuscaloosa, and Walker.
3. Students must have completed all required coursework prior to the start date of their last semester.
4. Numerous factors will be considered prior to an out-of-area site being arranged. These may include, but are not limited to:
   a. Professional Conduct
   b. Academic Performance
   c. Clinical Performance
   d. Current Affiliation Agreement
   e. Out-of-Area Site’s Availability
   f. Ability to Meet Site Requirements
5. All requests must be made a minimum of 1 year in advance.
6. Students are not allowed to contact facilities directly; all contacts must be done by the Internship Coordinator or Clinic Director.
7. When requesting an out-of-area clinical practicum experience it is the student’s responsibility to submit a list of sites where they wish to complete a clinical rotation. The list should contain a short description of the site and the contact information.
8. Students who do complete an out-of-area clinical practicum understand that there is no vacation period from this placement. Students are expected to attend their site 5 days a week, all day (i.e. 40-hour work week). Spring Break may be observed at the discretion of the off-campus clinical supervisor.
9. Students who are not performing to the standards and expectations outlined prior to the placement will be immediately pulled from that site and expected to complete the remaining time at a clinical site in the Tuscaloosa area. If a placement is not available in Tuscaloosa, then the student will complete a rotation the following semester and graduation will be delayed one semester.
Appendix IX: CLINICAL ATTENDANCE LOG

Clinical Attendance Log

Student: ____________________________________________
Term: ______________________________________________
Clinical Practicum Site: _______________________________

Please record Missed Days/Early Dismissal Days:

<table>
<thead>
<tr>
<th>Date</th>
<th>Reason</th>
<th>Clinical Supervisor Signature</th>
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</tbody>
</table>

☐ I did not miss any assigned clinical days or leave early on any assigned clinical days.

___________________________________  ___________________________________
Student Signature      Clinical Supervisor Signature
Appendix X: Expectations for the Student Intern at an Off-Campus Site

DEPARTMENT OF
COMMUNICATIVE DISORDERS
SPEECH AND HEARING CENTER
THE UNIVERSITY OF ALABAMA

Expectations for the Student Intern

1. The student intern must adhere to the ASHA Code of Ethics at all times.
2. The student intern must complete HIPAA training regarding privacy and security of protected health information before participating in clinical practicum.
3. The student intern is expected to contact the clinical supervisor to confirm his/her schedule and discuss responsibilities.
4. The student intern is expected to adhere to the schedule set at the beginning of the semester for the duration of the clinical practicum experience. There is no vacation from off-campus clinical practicum, unless the off-campus clinical supervisor requests that the student not attend.
5. Punctuality and attendance are required. Absenteeism and tardiness are allowed only in cases of illness/emergency or when pre-approved by the clinical supervisor. The student will keep a list of absences and turn it in at the end of the semester using the “Clinical Log of Missed Days/Early Dismissal Form”. The student intern will inform the Internship Coordinator at the UA Department of Communicative Disorders anytime he/she is absent from off-campus practicum.
6. The student may not ask the site supervisor for days off or to leave early.
7. The student intern should inform the off-campus clinical supervisor and Internship Coordinator of arrangements needed to satisfy cultural preferences. Cultural preferences will be accommodated to ensure diversity and inclusivity of all students.
8. The student intern is expected to behave professionally at all times, including but not limited to, no cell phones, no gum, no attending to personal matters when on site.
9. The student intern is expected to maintain an appropriate professional relationship with staff and clients.
10. The student may not text or use a cell phone on site.
11. The student intern is expected to leave a tidy work area and return all materials to the appropriate location.
12. All reports and paper work must be completed in a timely manner according to site expectations.
13. Tracking clock hours is the student’s responsibility. Weekly clock hours are to be logged online using Calipso and approved weekly by the Clinical Supervisor.
14. Evaluations of clinical competencies are to be completed by the Clinical Supervisor at mid-term and at the end of the term. Evaluations will be completed online using Calipso. The student will schedule the mid-term and end-of-term conferences with the clinical supervisor to discuss his/her evaluations. All evaluations must be completed and reviewed by the announced due dates.
15. Self-evaluations of clinical competencies are to be completed by the students at mid-term and at the end-of-term. Self-evaluations will be completed online using Calipso. The student and supervisor should review self-evaluations during mid-term and end-of-term conferences. Self-evaluations must be completed and reviewed by the announced due dates.
16. If there is concern for a student’s ability to meet clinical practicum expectations, the clinical supervisor may contact the Internship Coordinator or Clinic Director at the UA Department of Communicative Disorders to discuss remediation.
17. The student intern will abide by any other policies or procedures specific to the practicum site.
18. Adherence to student expectations and how the student conducts him or herself may determine the availability of future off-campus practicum sites.
19. Failure to adhere to student expectations will result in a failing grade for CD517.
20. ASHA Requirements for Clinical Supervision:
   a. In all practicum sites, at least 50% of each evaluation session will be directly observed by the clinical supervisor.
   b. In all practicum sites, at least 25% of each student’s total contact time in clinical treatment will be directly observed by the clinical supervisor.
   c. In all practicum sites, major decisions made by the student clinician regarding evaluation and treatment of a client are implemented or communicated to the client only after approval by the clinical supervisor.

My signature below indicates that I have read, understood, and agreed to the Expectations for the Student Intern.

_________________________________  ______________________________________
Print Student Name        Date    Clinical Supervisor Signature        Date
Appendix XI: CALIPSO Instructions

Our clinical education documentation is managed via a web-based program called CALIPSO. CALIPSO can be accessed by going to www.calipsoclient.com/ua. Step-by-step instructions for using CALIPSO for both the supervisor and student are below.

All graduate students are required to register with CALIPSO and pay the one-time registration fee of $85.00. Students need to register for CALIPSO by the end of their first week in graduate school.

**SUPERVISOR INSTRUCTIONS**

**Step 1: Register as a Supervisor on CALIPSO**
(Clinical Assessment of Learning, Inventory of Performance, and Streamlined Office-Operations)

- Before registering, have available your 1) PIN provided by the Clinical Coordinator, 2) ASHA card, 3) state licensure card, and 4) teacher certification information if applicable. If possible, have available scanned copies of your certification and licensure cards for upload during the registration process.
- Go to https://www.calipsoclient.com/ua
- Click on the “Supervisor” registration link located below the login button.
- Complete the requested information and click “Register.”
- On the following screen, again complete the requested information and click “Save” at the bottom of the page. A “Registration Complete” message will be displayed and you will automatically be logged into CALIPSO.

**Step 2: Login to CALIPSO**

- For subsequent logins, go to https://www.calipsoclient.com/ua and login to CALIPSO using your 8-digit ASHA number and password that you created for yourself during the registration process (step one.)

**Step 3: Select Supervisee / Student**

- Locate “Change class to:” and select from the drop-down menu the appropriate class
- Click “Change.”
- Click on “Student Information”
- Locate “Add Student of Interest” and select your student from the drop-down menu.
- Click “Add.”

**Step 4: View Student Clock Hour Records**

- Click on “Clockhours” then “Experience Record” to view a summary of clock hours obtained and clock hours needed.
- Students may be required to gain a minimum of (20) hours in the evaluation and treatment of children and adults for both speech and language disorders which is summarized in the table at the bottom of the page.
• Please note the student’s Clinical Competency Level (I, II, or III) on the page header if applicable.
• Print/save clock hour record by clicking “Print Experience Record.”
• Click “Student Information” located within the blue stripe to return to the student list.

**Step 5: View Student Cumulative Evaluation**

• Click on “Cumulative evaluation” to view a summary of your student’s clinical competency across the 9 disorder areas.
• Upon completion of the clinical program, students must have an average score of 3.0 or higher for all clinical competencies listed on the form.
• Please make note of any areas of deficiency (highlighted in orange.)
• Click “Student Information” located within the blue stripe to return to the student list.

**Step 6: View Student Immunization and Compliance Records**

• Click “Compliance/Immunizations” to view a record of compliance and immunization documents.
• To create a document to save and/or print, click “PDF.”
• An electronic file of the original documents can be accessed, if necessary and if uploaded by the Clinical Coordinator, by clicking “Files” located within the blue stripe.
• Click “Home” located within the blue stripe to return to the home page.

**Step 7: Complete Site Information Form**

• From the home page, click on the “Site Information Forms” link under the Management header.
• Click “Add new form.”
• Complete the requested information and click “Save.”

**Step 8: Upload Files for Student or Clinical Administrator (optional)**

• The file management feature allows you to upload any type of file (e.g. Word, PDF, JPEG, audio/video) pertinent to the clinical experience for a specific student.
• Select the desired student and then click on the “Clinical Placement” link to upload your own file and/or view a file uploaded by your student.
• **First, select a folder by clicking on the folder name or create a new folder or subfolder.** To create a new folder or subfolder, type in desired folder name in the "Add folder" field and press "create."
• **Upload a file** by pressing the “Browse” button, selecting a file, completing the requested fields, and clicking "upload." The upload fields will display if you have selected an unrestricted folder. **Set the file permission** by choosing “public” for student and clinical administrator access or “private” for clinical administrator access only.
• **Move files** by dragging and dropping from one folder to another.
• **Delete files** by clicking the “delete” button next to the file name. **Delete folders** by deleting all files from the folder. Once all the files within the folder have been deleted, a “delete” link will appear to the right of the folder name.
Step 9: Complete Midterm Evaluation

- Login to CALIPSO (step two)
- Select the desired “Class” and click “change.”
- Click “New evaluation.”
- Complete required fields designated with an asterisk and press save.
- Continue completing evaluation by scoring all applicable skills across the Big 9 using the provided scoring method and saving frequently to avoid loss of data.
- Once the evaluation is complete, review it with the student. Type his/her name with the corresponding date as well as your name with the corresponding date located at the bottom of the page.
- Check the “final submission” box located just below the signatures.
- Click “save.”
- Receive message stating “evaluation recorded.”
- Please note: you may edit and save the evaluation as often as you wish until the final submission box is checked. Once the final submission box is checked and the evaluation saved, the status will change from “in progress” to “final”. Students will then have access to view the submitted evaluation when logged into the system.
- To view the evaluation, click “Student Information” located within the blue stripe then “evaluations” located to the right of the student’s name.

Step 10: Complete Final Evaluation

- Login to CALIPSO (step two)
- Select the desired “Class” and click “change.”
- Click “Student Information” then “evaluations” located to the right of the student’s name.
- Identify the evaluation completed at midterm and click on “Make a duplicate of this evaluation.”
- The duplicated evaluation will appear in the evaluations list.
- Identify the duplicate (noted as “in progress”) and click on the “current evaluation” link highlighted in blue.
- Change “Evaluation type” from midterm to final.
- Complete evaluation by changing and/or adding scores for applicable skills across the Big 9 using the provided scoring method and saving frequently to avoid loss of data.
- Once the evaluation is complete, review it with the student. Type his/her name with the corresponding date as well as your name with the corresponding date located at the bottom of the page.
- Check the “final submission” box located just below the signatures.
- Click “save.”
- Receive message stating “evaluation recorded.”

Step 11: Approve Clock Hours

- At the completion of the rotation or as often as directed, your student will log their clock hours into CALIPSO.
- An automatically generated e-mail will be sent notifying you that clock hours have been submitted and are awaiting approval.
- Login to CALIPSO (step two.)
- Click “clockhour forms pending approval.”
• Identify your current student’s record.
• Click “View/Edit” in the far right column.
• Review hours, making changes if necessary.
• Complete the % of time the student was observed while conducting evaluations and providing treatment.
• Approve clock hours by selecting “yes” beside “Supervisor approval” located at the bottom of the page.
• Click “Save.”

Step 12: View Your Supervisory Summary

• For an official record of this supervisory experience (past or present), click on the “Supervision summary” link located under the Management header on the home page.
• Select “Printable view (PDF)” to create a document to save and/or print.

Step 13: View Your Supervisory Feedback

• At the completion of the rotation, your student will complete a supervisory feedback form in CALIPSO.
• An automatically generated e-mail will be sent stating that you have feedback available to view.
• Login to CALIPSO (step two)
• Select the desired “Class” and click “change.”
• Click “Supervisor feedback forms.”
• Click “View/Edit” in the far right column.

Step 14: Update Your Information

• Update e-mail address changes, name changes, certification expiration dates with corresponding scanned copies of your card by logging into CALIPSO (step two.)
• Click “Update your information.”
• Make changes and click “save” and/or click “Edit licenses and certification.”
• Update information and upload supporting files and click “save” located at the bottom of the screen.

STUDENT INSTRUCTIONS

Step 1: Register as a Student User on CALIPSO

• Before registering, have available the PIN provided by your Clinical Coordinator via e-mail.
• Go to https://www.calipsoclient.com/ua
• Click on the “Student” registration link located below the login button.
• Complete the requested information, being sure to enter your “school” e-mail address, and record your password in a secure location. Click “Register Account.”
• Please note: PIN numbers are valid for 40 days. Contact your Clinical Coordinator for a new PIN if 40 days has lapsed since receiving the registration e-mail.
Step 2: Login to CALIPSO
- To login, go to https://www.calipsoclient.com/ua and login to CALIPSO using your school e-mail and password that you created for yourself during the registration process (step one.)
- Upon logging in for the first time, you will be prompted to pay the student fee and to provide consent for the release of information to clinical practicum sites.

Step 3: Enter Contact Information
- Click on “Student Information”
- Click on “Contact Info” and then “Edit” for each corresponding address.
- Enter your local, permanent, and emergency contact info. Enter “rotation” contact info when on externships. Return to this link to update as necessary.
- Click “Home” located within the blue stripe to return to the home page.

Step 4: View Immunization and Compliance Records
- Before each semester, click on “Student Information” and then “Compliance/Immunizations” to view a record of compliance and immunization records.
- Missing or expired records are highlighted in red.
- To create a document to save and/or print, click “PDF” located within the blue stripe.
- An electronic file of the original documents can be accessed, if uploaded by the Clinical Coordinator, by clicking “Files” located within the blue stripe.
- Click “Home” located within the blue stripe to return to the home page.

Step 5: View/Upload Clinical Placement Files
- The file management feature allows you to upload any type of file (e.g. Word, PDF, JPEG, audio/video) to share with your clinical supervisor or clinical administrator.
- Click on “Student Information” and then “Clinical Placement” to upload your own file and/or view a file uploaded by your supervisor or clinical administrator.
- **First, select a folder by clicking on the folder name or create a new folder or subfolder.** To create a new folder or subfolder, type in desired folder name in the "Add folder" field and press "create."
- **Upload a file** by pressing the “Browse” button, selecting a file, completing the requested fields, and clicking "upload." The upload fields will display if you have selected an unrestricted folder. **Set the file permission** by choosing “public” for supervisor and clinical administrator access or “private” for clinical administrator access only.
- **Move files** by dragging and dropping from one folder to another.
- **Rename folders** by clicking the "rename" link to the right of the folder name.
- **Delete files** by clicking the “delete” button next to the file name. **Delete folders** by deleting all files from the folder. Once all the files within the folder have been deleted, a “delete” link will appear to the right of the folder name.
Step 6a: Enter Daily Clock Hours

- Click on the “Clockhours” link located on the lobby page or the “Student Information” link then “Clockhours.”
- Click on the “Daily clockhours” link located within the blue stripe.
- Click on the “Add new daily clockhour” link.
- Complete the requested information and click “save.”
- Record clock hours and click “save” located at the bottom of the screen. You will receive a “Clockhour saved” message.

To add clock hours for a *different* supervisor, clinical setting, or semester:
- Repeat above steps to enter additional clock hours gained under a different supervisor, clinical setting, or semester.

To add additional clock hours to the *same* record:
- Click on the “Daily clockhours” link located within the blue stripe.
- Select the record you wish to view (posted by supervisor, semester, course, and setting) from the drop-down menu and click “Show.”
- Click the “Copy” button located next to the date of a previous entry.
- Record the new clock hours (changing the date if necessary) and click “save” located at the bottom of the screen. You will receive a “Clockhour saved” message.

To view/edit daily clock hours, click on the “Daily clockhours” link located within the blue stripe.
- Select the record you wish to view (posted by supervisor, semester, and course) from the drop-down menu and click “Show.”
- Select the desired entry by clicking on the link displaying the entry date located along the top of the chart. Make desired changes and click save.
- Please note: Supervisors are not notified and are not required to approve daily clock hour submissions.

Step 6b: Submit Clock Hours for Supervisor Approval

- Click on the “Daily clockhours” link located within the blue stripe.
- Select the record you wish to view (posted by supervisor, semester, and course) from the drop-down menu and click “Show.”
- Check the box (located beside the entry date) for all dates you wish to submit for approval then click “Submit selected clockhours for supervisor approval.” Clock hours logged for the dates selected will be consolidated into one record for supervisor approval. The designated supervisor will receive an automatically generated e-mail requesting approval of the clock hour record.
- Please note: Daily entries cannot be edited once approved. However, if you delete the entry from the “Clockhour list” link prior to approval, daily hours may be resubmitted.
- View consolidated clock hour entries by clicking “Clockhours list” located within the blue stripe.

Step 7: View Clinical Performance Evaluations

- Click on “Student Information” and then “Evaluations.”
- As clinical performance evaluations are completed on you by your supervisors, the evaluations will automatically post to this link.
• View a desired evaluation by clicking on the “current evaluation” link highlighted in blue.

**Step 8: View Cumulative Evaluation**

• Click on “Student Information” and then “Cumulative evaluation” to view a summary of your clinical competency across the 9 disorder areas.
• Upon graduation, you must demonstrate competency for all clinical competencies listed on the form.
• Please make note of any areas of deficiency which are highlighted in orange.

**Step 9: View Performance Summary**

• Click on “Student Information” and then “Performance summary” to view a summary of your clinical performance across all clinical courses to date.

**Step 10: View My Checklist**

• Click on “Student Information” and then “My Checklist” to view your progress in meeting the clinical requirements for graduation.
• Upon graduation, all requirements should have been met, represented with a green check mark.

**Step 11: Complete Self-Evaluation**

• At the completion of each clinical course or as directed by your Clinical Coordinator, complete a self-evaluation.
• From the lobby page, click on the “Self-evaluations” link.
• Click on “New self-evaluation.”
• Complete required fields designated with an asterisk and press “save.”
• Continue completing self-evaluation by scoring all applicable skills across the Big 9 using the provided scoring method and saving frequently to avoid loss of data.
• Once the evaluation is complete, check the “final submission” box and click “save.”
• Receive message stating “evaluation recorded.”
• Please note: you may edit and save the evaluation as often as you wish until the final submission box is checked. Once the final submission box is checked and the evaluation saved, the status will change from “in progress” to “final”.
• To view the evaluation, click “Evaluations list” located within the blue stripe.

**Step 12: Complete Supervisor Feedback Form**

• At the completion of each clinical course or as directed by your Clinical Coordinator, complete feedback for each clinical supervisor.
• From the lobby page, click “Supervisor feedback forms.”
• Click “New supervisor feedback.”
• Complete form and click “Submit feedback.”
• Your completed feedback form will be posted for Clinical Coordinator approval. Once approved, feedback will be posted for the clinical supervisor to view. Until approved, the feedback may be edited by clicking on “View/edit.”

**Step 13: View Site Information Forms**

• The “Site Information Forms” link located on the lobby page displays pertinent information on the sites/facilities that your school affiliates with for clinical placements.
• To view available information, identify the desired site and click “View” located in the fifth column under submitted.
• Please note: “In progress” forms are not accessible to students; only “submitted” forms are accessible to students.
Appendix XII: SHC Billing Policy

The University of Alabama
Speech and Hearing Center

PAYMENT FOR SERVICES

Revised August 1, 2019

POLICY: The UA Speech and Hearing Center is a fee-for-service clinic. All clients are expected to pay for speech-language evaluation and treatment services and audiology services. Speech-Language and Audiology services may be paid for by check, cash, or credit card. These services are provided by or under the direct supervision of certified speech-language pathologists and audiologists.

SPEECH-LANGUAGE EVALUATION AND TREATMENT SERVICES

Private Insurance: Blue Cross Blue Shield (BCBS) insurance will be billed for speech-language evaluation and treatment services if a client has a doctor referral for the services being requested. No other private insurance companies are accepted at this time. All clients wishing to file services on their insurance are responsible for obtaining a physician referral prior to their appointment. The SHC is contractually obligated to file services with BCBS and should check with their health care provider prior to their appointment to determine if the services being sought are covered.

- If a client arrives for an evaluation or treatment without a physician referral the client will be charged and required to pay the full fee for the service, at the time of service.
- Not all BCBS policies cover our services. It is the client’s responsibility to be familiar with their benefits.
- Clients with high deductible policies may request to have claims not filed with BCBS. The clinic follows what the IRS defines as a high deductible plan.

Medicaid: Medicaid will be billed for speech-language services for clients ages 21 and older who have QMB Medicaid. Clients must still have a doctor referral for the services being requested but an EPSDT form is not required. Medicaid does not cover speech-language services for clients ages 21 and older who DO NOT have the QMB policy.

Medicaid will be billed for speech language services on behalf of clients under the age of 21 who have an active Medicaid number. Medicaid clients under age 21 must have a Medicaid referral form (EPSDT) from their primary care physician on file in the clinic prior to services being provided Medicaid referrals can be faxed to us by the client’s physician or brought by the client on the day of the scheduled service.

- If a referral form is not provided prior to the service being rendered, no service will be provided.
- It is the client’s responsibility to be sure the Medicaid policy is active and the EPSDT referral and physical are current. Active clients will be given a two week grace period to correct any of these issues before the spot will be released to another client.

Medicare: Medicare will be billed for Speech-Language services that (1) are not considered routine and (2) considered by Medicare to be medically reasonable and necessary. Services may be billed directly to a Medicare beneficiary if: (1) the service is statutorily excluded or (2) the Medicare beneficiary voluntarily requests Medicare not be billed for a covered service and an ABN is completed. Statutorily excluded services are billed based on the clinic’s standard speech-language pathology fee schedule. For Medicare services that the client chooses to directly pay for by signing an ABN or for services that are non-covered, the services are billed based on the clinic’s standard fee schedule. Medicare eligible clients may be provided an Advanced
Beneficiary Notice (ABN) prior to receiving services, notifying the client that if Medicare denies the claim, the client is responsible for payment of services rendered.

**Private-Pay:** Clients who are uninsured, have an insurance provider not accepted by our clinic, whose BCBS policy does not cover our services, whose allowed insurance benefits have expired, who are enrolled in a flat-fee program, or who are a UA student are classified as private pay clients. All private-pay clients are billed for services based on the clinic’s established standard fee schedule for speech-language services.

- **Time-of-Service Discounts:** Time of service discounts are available for private pay clients. Time-of-Service fees are due in-full at the time services are provided. If the client does not pay for the full amount for that day’s services, the Time-of-service fee schedule is voided and standard fees will be billed to the client’s account. Time-of-service discounts are not available for flat program fees, evaluations, or UA students.

- **Hardship Discounts:** Private pay clients demonstrating an inability to pay for treatment services in-full will be eligible to apply for a hardship discount. Rates for discounted treatment services are based on a sliding-fee scale. The sliding-fee scale is based upon household income and size and is updated every year using the federal poverty guidelines. A completed application including any required documentation of the household income must be on file and approved before a discount will be granted. Once a discounted rate is approved, the client is expected to pay the entire amount of the discounted rate at the time of service. Hardship discounts based on the sliding-fee scale are not available for evaluations, UA students, or flat fee programs.

**Group Treatment Services with Flat Fees:** Some group treatment services with flat program fees are not eligible for reimbursement through BCBS, Medicaid, or Medicare. All clients choosing to participate in these group programs are responsible for paying for the program in-full on the first day of services for the semester.

**Clients Receiving Home Health Services:** Clients receiving home health services for any reason cannot be seen at the Speech and Hearing Center until they are discharged from the home health agency. This discharge status will be verified by the Speech and Hearing Center.

**Tuscaloosa City and County School Systems:** Children ages 3 years and older may qualify for services through the Tuscaloosa city and county school systems. These services are provided under contracts with the city and county school systems.

**Supply Fee:** Due to the specialized nature of the services provided at this clinic, certain individual therapy, group therapy, and support groups may have a per semester supply fee. Clients will be notified when services are scheduled if their treatment program will have a supply fee. These fees are to be paid in full on the first day of services for the semester.

**AUDIOLOGY SERVICES**

**Private Insurance:** Private insurance will not be billed for audiology services with the exception of All Kids.

**Medicare:** Medicare will be billed for Audiology services that (1) have a physician referral on file, (2) are not considered routine, and (3) considered by Medicare to be medically reasonable and necessary. Services may be billed directly to a Medicare beneficiary if: (1) the service is statutorily excluded or (2) the Medicare beneficiary voluntarily requests Medicare not be billed for a covered service and an ABN is completed. Statutorily excluded services include: hearing aids, hearing evaluations for the purpose of fitting hearing aids, and services for which the client does not have a physician referral. **Statutorily excluded services are billed based on the clinic’s standard audiology fee schedule. For Medicare services that the client chooses to directly pay for by signing an ABN or for services that are non-covered, the services are billed based on the**
**Clinic's Standard Fee Schedule.** Medicare eligible clients may be provided an Advanced Beneficiary Notice (ABN) prior to receiving services, notifying the client that if Medicare denies the claim, the client is responsible for payment of services rendered.

**Medicaid:** Medicaid will pay for services and hearing aids provided by an audiologist until the client is 21 years of age. Therefore, Medicaid claims may be billed for audiology services on behalf of clients under the age of 21 who have an active Medicaid number. All Medicaid clients must have a valid Medicaid referral form (EPSDT) from their primary care physician on file in the clinic prior to services being provided. Medicaid referrals can be faxed to us by the client’s physician or brought by the client on the day of the scheduled service.

- **If a referral form is not provided prior to the service being rendered, no service will be provided.**

**Private-Pay:** Clients who are uninsured, have an insurance provider not accepted by our clinic, whose BCBS policy does not cover our services, whose allowed insurance benefits have expired, or who are a UA student are classified as private pay clients. All private-pay clients are billed for services based on the clinic’s established standard fee schedule for audiology services.

- **Time-of-service discounts are not available for audiological services.**
- **Hardship discounts are not available for audiology services.**

**Account Settlement Policy:** Account balance must be paid in full before services for the following semester will be scheduled.

**Policy:** A payment plan option may be offered to clients with an outstanding balance over $200 that is 90 days past due. Payment plan options are available for speech-language treatment services only. All payment plans must be approved by the Clinic Director. When a payment plan schedule has been drafted, the client will receive a written agreement outlining the payment arrangements. The client is required to sign the agreement and return it to the clinic. The client will be given a copy of the agreement for his or her records.

- The UA Speech and Hearing Center reserves the right to accelerate and demand balance in full if the client is in default of the payment agreement. If payments are not received as outlined in the agreement, the account may be forwarded to a collection agency for services rendered to date and any future services may be denied until account balance is paid in-full. Clients will be advised that if the matter is forwarded to a collection agency and/or legal action is taken, the client will be required to pay all additional fees and expenses, including but not limited to reasonable attorneys’ fees.

**Insurance Verification Policy:** Insurance verification for speech-language services will be completed by the office associate as a courtesy for all clients prior to evaluation or at the time of their initial visit each semester. However, clients are ultimately responsible for the payment of services. Verification of benefits does not guarantee services are covered.

**Policy:** Documentation that verification of insurance was completed and the outcome of the verification will be made in each client’s file. Clients whose insurance is not expected to pay will be notified and other payment options will be discussed.

**Disclosure of Service Fees Policy:** Clinical supervisors may discuss the estimated cost of treatment services during scheduling.
**POLICY:** Front office staff should discuss the estimated cost for speech-language evaluation services and audiology services with respective clients during scheduling.

**PATIENT FINANCIAL RESPONSIBILITY STATEMENT**

**POLICY:** All clients seeking speech-language and/or audiology services are required to sign a patient financial responsibility statement and a permission to treat form prior to services being rendered. Services may be denied if client refuses to complete either form.

**POLICY:** All speech-language clients for returning for continued services in the subsequent semester must sign an updated patient financial responsibility statement and permission to treat form.
Appendix XIII: SHC Appointment Attendance Policy

SHC Appointment Attendance Policy - Private Pay and Insurance Clients
The University of Alabama Speech & Hearing Center is an outpatient evaluation and treatment center, as well as a teaching facility for undergraduate and graduate students in the field of speech-language pathology. Attendance is pivotal to the amount of progress a client makes, as well as for the learning of our students, who dedicate numerous hours to planning evaluation and treatment sessions. As such, it is imperative that clients attend scheduled sessions with minimal exceptions.

We understand that unplanned issues can come up and you may need to cancel an appointment. If that happens, we respectfully ask for scheduled appointments to be canceled at least 24 hours in advance. The following attendance policies are effective as of June 1, 2019.

Evaluation Cancellation and No Show Policy:
If you fail to cancel your evaluation appointment at least 24 hours in advance, or you miss the appointment, it is your responsibility to call the clinic and reschedule. You will be placed at the bottom of the evaluation waitlist.

Treatment Cancellation and No Show Policy:
If you fail to cancel your treatment appointment at least 24 hours in advance, or you miss the appointment, you will be charged a $25.00 fee. No further services will be scheduled or offered by our clinic until your account balances zero. Please know that your insurance company will not cover this fee.

Excessive Cancellations and No Shows Policy:
Excessive cancellations and no shows will not be allowed. We ask that you make every effort to schedule doctor's appointments and vacations around the treatment schedule for the semester. If cancellations and no shows become excessive, one of the following may result:
1. Forfeiture of priority therapy times in future semesters
2. Movement of the client to the end of the waiting list for future services
3. Termination of services

Excessive cancellations and no shows are defined as follows:

- Fall and Spring Semesters: o For 1x/week treatment = Missing more than 2 of the 12 sessions for the semester
  o For 2x/week treatment = Missing more than 4 of the 24 sessions for the semester

- Summer Semester: o For 1x/week treatment = Missing more than 1 of the 8 sessions for the semester
  o For 2x/week treatment = Missing more than 2 of the 16 sessions for the semester

When a treatment session is cancelled by The Speech and Hearing Center, you will be offered a make-up session.
When you cancel or no show for a treatment session, The Speech and Hearing Center may offer a make-up session.

Clinic Closings:
The Speech and Hearing Center does not observe many of the holidays and in-service days on the Tuscaloosa City Schools and Tuscaloosa County Schools calendars. Our clinic closes for the following holidays only:
Martin Luther King Jr. Day Labor Day
Spring Break Thanksgiving Day
Memorial Day Christmas Break
Fourth of July
*Inclement Weather - The Speech and Hearing Center follows the Tuscaloosa City Schools for weather delays, early weather dismissals, and weather closings.
Appendix XIV: ASHA Code of Ethics

Preamble

The American Speech-Language-Hearing Association (ASHA; hereafter, also known as "The Association") has been committed to a framework of common principles and standards of practice since ASHA's inception in 1925. This commitment was formalized in 1952 as the Association's first Code of Ethics. This Code has been modified and adapted as society and the professions have changed. The Code of Ethics reflects what we value as professionals and establishes expectations for our scientific and clinical practice based on principles of duty, accountability, fairness, and responsibility. The ASHA Code of Ethics is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions.

The ASHA Code of Ethics is a framework and focused guide for professionals in support of day-to-day decision making related to professional conduct. The Code is partly obligatory and disciplinary and partly aspirational and descriptive in that it defines the professional's role. The Code educates professionals in the discipline, as well as students, other professionals, and the public, regarding ethical principles and standards that direct professional conduct.

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by audiologists, speech-language pathologists, and speech, language, and hearing scientists who serve as clinicians, educators, mentors, researchers, supervisors, and administrators. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose and is applicable to the following individuals:

- a member of the American Speech-Language-Hearing Association holding the Certificate of Clinical Competence (CCC)
- a member of the Association not holding the Certificate of Clinical Competence (CCC)
- a nonmember of the Association holding the Certificate of Clinical Competence (CCC)
- an applicant for certification, or for membership and certification

By holding ASHA certification or membership, or through application for such, all individuals are automatically subject to the jurisdiction of the Board of Ethics for ethics complaint adjudication. Individuals who provide clinical services and who also desire membership in the Association must hold the CCC.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas: (I) responsibility to persons served professionally and to research participants, both human and animal; (II) responsibility for one's professional competence; (III) responsibility to the public; and (IV) responsibility for professional relationships. Individuals shall honor and abide by these Principles as affirmative obligations under all conditions of applicable professional activity. Rules of Ethics are specific statements of minimally acceptable as well as unacceptable professional conduct.

The Code is designed to provide guidance to members, applicants, and certified individuals as they make professional decisions. Because the Code is not intended to address specific situations and is not inclusive of all possible ethical dilemmas, professionals are expected to follow the written provisions and to uphold the spirit and purpose of the Code. Adherence to the Code of Ethics and its enforcement results in respect for the professions and positive outcomes for individuals who benefit from the work of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

Principle of Ethics I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner.

Rules of Ethics

A. Individuals shall provide all clinical services and scientific activities competently.

B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.
C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.

D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.

E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.

F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.

G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.

H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.

I. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if participation is voluntary, without coercion, and with informed consent.

J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research.

K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.

L. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.

M. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.

N. Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely by correspondence, but may provide services via telepractice consistent with professional standards and state and federal regulations.

O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.

P. Individuals shall protect the confidentiality of any professional or personal information about persons served professionally or participants involved in research and scholarly activities and may disclose confidential information only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
Q. Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.

R. Individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions are impaired practitioners and shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.

S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists and, otherwise, externally.

T. Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.

Principle of Ethics II
Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.

Rules of Ethics
A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.

B. Members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may engage in the provision of clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.

C. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals.

D. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.

E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.

F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.

G. Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.

H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

Principle of Ethics III
Individuals shall honor their responsibility to the public when advocating for the unmet communication and swallowing needs of the public and shall provide accurate information involving any aspect of the professions.

Rules of Ethics
A. Individuals shall not misrepresent their credentials, competence, education, training, experience, and scholarly contributions.

B. Individuals shall avoid engaging in conflicts of interest whereby personal, financial, or other considerations have the potential to influence or compromise professional judgment and objectivity.

C. Individuals shall not misrepresent research and scholarly activities, diagnostic information, services provided, results of services provided, products dispensed, or the effects of products dispensed.

D. Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.

E. Individuals' statements to the public shall provide accurate and complete information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.

F. Individuals' statements to the public shall adhere to prevailing professional norms and shall not contain misrepresentations when advertising, announcing, and promoting their professional services and products and when reporting research results.

G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

Principle of Ethics IV

Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.

Rules of Ethics

A. Individuals shall work collaboratively, when appropriate, with members of one's own profession and/or members of other professions to deliver the highest quality of care.

B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.

C. Individuals’ statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.

D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual’s fitness to serve persons professionally.

E. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.

F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.

G. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.

H. Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.

I. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
J. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor’s consent.

K. Individuals shall reference the source when using other persons’ ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.

L. Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.

M. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.

N. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.

O. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.

P. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.

Q. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.

R. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.

S. Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another, or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.

T. Individuals who have been publicly sanctioned or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the final action or disposition. Individuals shall also provide a certified copy of the final action, sanction, or disposition to ASHA Standards and Ethics within 30 days of self-reporting.