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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: Dress Code and Professional Conduct

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.

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.

What you wear 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.

Do not wear:

1. Tight clothes that restrict movement or are revealing
2. Skirts or dresses 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, logo t-shirts, or flip flops

Clinicians are expected to follow simple rules for professional dress. The attire should be appropriate for the planned activity. Casual business attire is appropriate. Do not overdress for the planned activity.

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

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.

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

Appendix II: Safety Policies

Infection Control
Contagious Conditions
Accident/Injury
Emergency Management

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.

HBV

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 New 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 or finger cots 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 wipe 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. A drop box is available in the Resource Room for materials that cannot be cleaned immediately after use.

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. Get a flashlight if needed from the resource room or 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.
 - The nearest exit is posted in each room.
3. Call 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 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.

In the event of illness, accident or injury:

1. Contact a clinical supervisor or department chair.
2. Call 911 if necessary.
3. If blood or body fluids are present, the person in attendance must follow infection control procedures. Supplies are kept in the Resource Room and Departmental Office.
4. If the injured individual is a minor, the parents or legal guardian should be contacted.
5. If the person is not a minor, family will be contacted upon request, or as otherwise indicated.
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. If the client is transported for medical treatment by family, the clinical supervisor will follow-up on the client's condition by telephone.
8. All injuries and accidents are documented on the Injury/Accident/Incident Report Form and filed in the Speech and Hearing Center Emergency Management Notebook.
 - Name of injured person, date, description of incident, management account.
 - The department chair will review each incident.

Appendix III: 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.

Level	Position	Clearance
Level 1	Clinic Director/Department Chair, Clinic Coordinators	Complete access
Level 2	Clinical Supervisors	Need-to-know basis for delivery of clinical services and clinical teaching
Level 3	Office Staff, Student Workers	Need-to-know basis for operations
Level 4	Student Clinicians enrolled in CD clinical courses	Need-to-know basis for staffing with clinical supervisor and delivery of clinical services
Level 5	Faculty	As authorized for teaching and research

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*. Diagnostic and treatment reports, or other highly sensitive information will not be transmitted outside the Speech and Hearing Center by e-mail.

Policy on Social Media

Social media, such as Facebook and MySpace, cannot be used to communicate with client or client’s parent/caregiver.

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.

Effective Date: April 14, 2003

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.

**Acknowledgement of Notice of Health
Information, Recording, and Observation Practices**

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: _____

Permission to Contact

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 authorize following person(s) to 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.

Appendix IV: Non-Academic Expectations

Speech-language pathology is a dynamic and rigorous field of study. The expectations for students planning to pursue speech-language pathology as a profession are high. The ability to communicate is critical to quality of life. When working with individuals whose communication skills are compromised, the clinician must be a model of communication and clinical effectiveness, which is dependent on non-academic traits in combination with clinical expertise and academic knowledge. The clinician must at all times place the client's best interest above any other consideration.

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, Coordinator of Speech-Language Services, 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.

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.

An overview of the non-academic traits that provide the foundation for clinical success is discussed below.

The non-academic, or personality, traits necessary to be an effective clinician include:

- Sensitivity
- Compassion
- Non-judgmental attitude
- Honesty
- Integrity
- Ability to set and maintain professional boundaries
- Ability to consistently treat clients with respect
- Ability to work well with others
- Motivation to be a life-long learner
- Ability to put client's interests above any other considerations
- Communication skills as delineated below

The speech-language pathologist must be a model communicator to be a successful clinician. All graduate students must have their speech-language skills screened. Faculty members and clinical supervisors will also monitor students' written and verbal communication. If a student fails screening, or concern is expressed by faculty or clinical supervisors, an in depth evaluation will be completed. Both informal and formal measures can be used. The Coordinator of Speech-Language Services and two clinical supervisors will review the evaluation results to determine if skills meet professional expectations. Their decision might differ from typical scoring of a standardized test since the goal is model communication skills rather than adequate communication skills. If deficits in communication skills are revealed, the student is expected to enter a treatment program. Situations might occur in which the student will not be allowed to begin clinic or continue in clinic until treatment is complete. If the student is enrolled in clinic an "I" or incomplete might be given until remediation is complete. Acceptable progress must be achieved for the student to remain in good standing in the program.

Examples of communication skills that will be evaluated as part of the clinical training process include:

- Pragmatic communication skills adequate to conduct diagnostic and treatment session
 - Student can recognize and regulate the volume, rate, and prosody of their own speech
 - Student uses and recognizes the amount of eye contact and facial expression appropriate for communication intent
 - Student demonstrates appropriate metalinguistic skill (Student can use language to describe and analyze his/her own language)
- Spoken English adequate to conduct diagnostic and treatment session
 - Student clinicians are expected to use grammatically correct speech
 - Student clinicians are expected to code switch from his/her typical dialect to standard English as needed for diagnostic and treatment purposes
 - Students who speak English as a second language
 - must be able to produce English phonemes with 80% accuracy
 - intelligibility of spoken English must be judged to be "good" by a panel of three evaluators based on a scale of "excellent, good, fair, poor"

- English comprehension
 - Student must demonstrate auditory and reading comprehension of the English language for both literal and metaphorical expressions that is adequate for diagnostic and intervention with both children and adults
 - Student must demonstrate competency in English grammar, semantics, and morphology that is adequate for diagnostic and intervention with both children and adults

The clinical speech-language pathologist does not have a desk job. This profession is rigorous requiring active interaction with clients and manipulation of therapy materials, instruments, and equipment during much of the work day. The physical and sensory abilities necessary for this level of sustained activity are essential to delivery of clinical services and include:

- Minimum fine and gross motor skills necessary to conduct a diagnostic and treatment session
 - Manipulate therapy toys and materials, turn pages in a book, etc. in a way that allows dynamic communication and interaction
 - Engage in interactive therapy activities such finger plays, games, and role playing
 - Provide intervention for swallowing disorders (feeding)
 - Use a communication/schedule board
 - Lift a small child (approximately 50 lbs.)
 - Provide support to an adult client who needs assistance getting out of a chair or walking
 - Manage behavior of non-compliant client
 - Use instruments and equipment as needed for clinical services, such as
 - Program an augmentative device
 - Use equipment necessary for diagnosis and treatment of all disorders, including voice and swallowing
- Sensory abilities
 - Adequate hearing to conduct diagnostic and treatment session
 - Must be able to administer and score articulation test
 - Must be able to discriminate subtle phonemic differences
- Adequate vision to conduct diagnostic and treatment session such as
 - Evaluation of non-verbal speech skills
 - Oral-peripheral examination
 - Swallowing evaluation
 - Visual analysis of speech production errors

Students who anticipate difficulty in any of these areas should inform the Department Chair to discuss necessary accommodations. The student should also register with Disabled Student Services.

Appendix V: 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 VI: Centralized Camera System

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 205
Room 206
Room 209

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.

Once the login page appears, use the following login information:

Username: Student
Password: Student

To schedule a recording:

Click on the functions tab, then click on schedule.

To create a new schedule click on the new recording link.

Select a camera, recording name, start and end date, duration, whether or not and how often you want the schedule to recur.

Click Save Recording to save and activate the newly created schedule.

****Make sure to fill-in custom data fields****

The user can delete schedules this will delete the specific instance of the selected schedule, if the schedule is set up to recur you will also be given the option to Remove a schedule. This will remove all instances of that schedule.

When a recording is active it shows as STARTED. A user can stop active recording by clicking the Stop link.

The exception link is used to create days in which no scheduled recordings will start. To create an exception click on the Exception link give it a name and set the appropriate date.

Use the following Name for ALL Recordings:

(Supervisor'sLastName)(StudentCLN'sLastName)(Type Treatment)(Group, if applicable)(Age, if individual)(PK, SchoolAge, Adult, if group)(Gender, if individual)

Individual Client Examples: KuchSmithAAC8yof or StricklinJonesArtic4yom

Group Therapy Examples: KuchSmithAACGroupPK or AllenWattsCognitivieGroupAdult

Only list one type of treatment. 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
Fluency
Transgender
Other

To locate a video and playback:

Click on the Search Tab. To find and playback a video group click the Search tab on the top. Enter keyword(s), select a date then select a range (or choose all to search all dates), uncheck group by job if you want to search for individual recorded files.

Click Search the results for job based search will appear to the right.
To launch the video click the job name.

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 the drop down and select the marker you want to jump to.

Deletion of Recordings:

At the end of each semester, all recordings will be deleted.

Appendix VII: 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.

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 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.
8. The student intern is expected to maintain an appropriate professional relationship with staff and clients.
9. The student may not text or use a cell phone on site.
10. The student intern is expected to leave a tidy work area and return all materials to the appropriate location.
11. All reports and paper work must be completed in a timely manner according to site expectations.
12. 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.
13. 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.
14. 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.
15. 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.
16. The student intern will abide by any other policies or procedures specific to the practicum site.
17. Adherence to student expectations and how the student conducts him or herself may determine the availability of future off-campus practicum sites.
18. Failure to adhere to student expectations will result in a failing grade for CD517.
19. 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

Student Signature

Date

Clinical Supervisor Signature

Date

Appendix IX: CALIPSO

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 registered with CALIPSO and pay the one-time registration fee of \$85.00.

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, course, and setting) 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 X: Billing Policies

University of Alabama Speech and Hearing Center

PAYMENT FOR SERVICES

Revised August 12, 2013

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. 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 may 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. *If a client arrives for an evaluation or treatment without a physician referral they will be charged and required to pay the full fee for the service, at the time of service.* Clients who wish to file services with BCBS should check with their health care provider prior to their appointment to determine if the services being sought are covered. *Not all BCBS policies cover our services.*

Medicaid. Medicaid claims may also be billed for speech-language evaluation and treatment services. All Medicaid clients must have a Medicaid referral form (EPSDT) from their primary care physician on file in the clinic prior to services being provided. *If a referral form is not provided prior to the service being rendered, no service will be 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.

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 visitations 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 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.

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 or UA students.

Group Treatment Services with Flat Fees. Group treatment services with flat program fees are not filed for reimbursement through BCBS or Medicaid. All clients choosing to participate in a group program are responsible for paying for the program in-full. If a client is unable to pay for the program in-full, a hardship discount rate based on the sliding-fee scale may be offered. Medicaid eligible clients interested in group

treatment services with a flat fee can receive a 100% discount with proof of an active Medicaid number and completion of a hardship application.

Medicare Beneficiaries. Speech-Language services are not provided to Medicare beneficiaries for medical necessary or Medicare covered services in the clinic due to Medicare billing and coverage requirements. Services may be provided to a Medicare beneficiary if the beneficiary voluntarily requests Medicare not be billed and an Advanced Beneficiary Notice (ABN) is completed.

AUDIOLOGY SERVICES

Private Insurance. Private insurance will not be billed for audiology services.

Medicaid. Medicaid will pay for services provided by an audiologist and hearing aids 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. ***If a referral form is not provided prior to the service being rendered, no service will be 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.

Private-Pay. All clients seeking audiology services are considered private-pay with the exception of those who have Medicaid and who are under the age of 21. All private-pay clients are billed for services based on the clinic's established standard audiology fee schedule and ***full-payment is due at the time of service.*** Physician referrals for private-pay audiology services are not required.

Medicare Beneficiaries. Audiology services are not provided to Medicare beneficiaries for medical necessary or Medicare covered services in the clinic due to Medicare billing and coverage requirements. 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 and non-covered services are billed based on the standard audiology fee scheduled. For Medicare services that the client chooses to directly pay for by signing an ABN, the Medicare reimbursement rate is billed.*** Covered Medicare services include: cochlear implant services and hearing evaluations with a physician referral not for the purpose of fitting hearing aids.

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

Hardship discounts are not available for audiology services. With proof of financial hardship, a payment plan may be set up for all services, with the exception of hearing aid purchases, that exceed \$200.00. Hearing aids are expected to be paid in full at the time they are issued.

Speech-Language and Audiology services may be paid for by check, cash, or credit card.

PAYMENT PLAN OPTIONS

POLICY: A payment plan option may be offered to private pay clients who are unable to pay for speech-language treatment services in-full at the time of service (i.e., they do not qualify for a time-of-service discount). Payment plan options are available for speech-language treatment services only.

POLICY: A payment plan option may be offered to private pay clients receiving audiology services who provide proof of hardship. Payment plans are not offered for hearing aid purchases and services that cost less than \$200.00 at time of visit.

POLICY: Payment plans may be set up prior to scheduling services or for outstanding balances less than 120 days past due. Payment plans will not be issued for outstanding balances less than \$200.00.

All payment plans are arranged by the accounting assistant. 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.

Standard Payment Plan Schedule for Speech-Language Treatment Services

Payments at the time of service, equal to 20% of the fee, will be required prior to each treatment visit. Five (maximum 6) additional monthly payments for the remaining account balance due on either the 1 or 15th of each month following the last week of treatment.

Example 1: Client scheduled for treatment twice a week for 30 minutes each session for a total of 12 weeks. Client will be seen a total of 24 treatment sessions. Client does not qualify for a hard-ship discount or a time-of-service discount. Based on the Standard Fee Schedule cost of each session for this client is \$90.00.

Under the payment plan option, the client would agree to pay each treatment session a minimum of 30% of the charge (i.e., \$18.00). If client attends all 24 sessions, his or her account balance at the end of the term would be \$1728.00. Monthly payment of \$345.60 is due on the 15th of each month for 5 months.

Example 2: Client scheduled for treatment twice a week for 30 minutes each session for a total of 12 weeks. Client will be seen a total of 24 treatment sessions. Based on the Standard Fee Schedule, the cost of each session is \$90.00. Client qualifies for a 50% Hardship discount (i.e., \$45.00), which is higher than the time-of-service discount. Therefore, the client is to pay \$28.00 (i.e., time-of-service discount rate) prior to each treatment session or a minimum equal to 20% of the hard-ship discount rate (i.e., 9.00). The client indicates that he or she is unable to pay the full \$28.00 each session.

Under the payment plan option, the client would agree to pay a minimum of 20% of the hard-ship rate (i.e., 9.00) each treatment session. If client attends all 24 sessions, his or her account balance at the end of the term would be \$864.00. Monthly payment of \$172.80 is due on the 15th of each month for 5 months following treatment.

Standard Payment Plan Schedule for Audiology Services

Initial payment for audiology service in excess of \$200.00, should be received at the time of service, equal to 50% of the full price.

A maximum of 2 additional monthly payments for the remaining 50% of the full fee will be due on either the 1st or 15th of each month.

Example: Fee due for service is \$325.00. Initial payment of \$162.50 is due at the time of service, and 2 monthly payments of \$81.25, due on the 15th of each subsequent month.

ACCOUNT SETTLEMENTS

POLICY: Clients with account balances that are 120 days past due should be offered an opportunity to clear the balance by providing a discount on the balance due before the account balance is assigned to a collection agency.

Accounts with a balance of less than \$200.00 will not be offered the discounted settlement option or a payment plan option.

The following schedule will determine the discount offered:

20% discount for balances between \$200 and \$499.00

25% discount for balances over \$500.00

When a settlement is agreed upon, the client is instructed to submit the payment within 7 days.

INSURANCE VERIFICATION

POLICY: Insurance verification for speech-language services will be completed by the accounting assistant as a courtesy for all clients prior to 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 should 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.

SECONDARY INSURANCE

POLICY: Prior to the provision of any services and/or at the time of scheduling, the front office staff should confirm *if* the client has Medicaid or Medicare in addition to private insurance.

If the client has Medicaid, in addition to private insurance, a Medicaid claim must be submitted for services prior to submitting the claim to the client's private insurance company. In order to submit to Medicaid, the client must have a Medicaid referral form on file at the speech and hearing center prior to the provision of any services. ***If a Medicaid referral is not received prior to the provision of services, then no services will be provided even if the client has private insurance.*** (See information below on Advanced Beneficiary Notices if the client reports having Medicare)

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.

ADVANCED BENEFICIARY NOTICES

POLICY: Services may be provided to Medicare beneficiaries for medical necessary or Medicare covered services if the client voluntarily chooses to receive the services from our clinic and signs an Advanced Beneficiary Notice accepting full responsibility of payment for services.

POLICY: All ABNs will be verbally reviewed with the beneficiary before it is signed.

POLICY: Any Medicare beneficiaries seeking services through our clinic will be informed that our clinic is not a Medicare Provider and services are not provided to Medicare beneficiaries unless the services are excluded from Medicare coverage or unless he or she signs an ABN. If the prospective client wants additional information he or she will speak

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 and non-covered services are billed based on the standard fee schedules. For Medicare covered services (i.e., they are not statutorily excluded) that the client chooses to directly pay for by signing an ABN, the Medicare reimbursement rate is billed. Covered Medicare audiology services include: cochlear implant services and hearing evaluations with a physician referral not for the purpose of fitting hearing aids. Covered Speech-Language services include: language and cognitive treatment for impairments secondary to disease or injury.

Appointment Cancellation 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 **cancelled at least 24 hours in advance**. The following Attendance Policies are **effective as of June 1, 2015**.

Evaluation Cancellation Policy

If you fail to cancel your evaluation appointment at least 24 hours in advance or you miss the appointment, you will be charged a \$50.00 fee. No further services will be scheduled or offered by our clinic, until your account balances to zero. **Please know that your insurance company will not cover this fee.**

Treatment Cancellation 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 to zero. **Please know that your insurance company will not cover this fee.**

If cancellations become excessive (i.e., greater than 15% of scheduled sessions), 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, or
3. Termination of services.

The terms and conditions of the Attendance Agreement have been explained, and I understand this agreement.

Client's Name (please print): _____ File #: _____

Signature of Person Financially Responsible for Client: _____

Relationship to Client: _____

Date reviewed and signed: _____

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Appointment Cancellation Policy
City and County School 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 **cancelled at least 24 hours in advance.**

If cancellations or no-shows become excessive (i.e., greater than 15% of scheduled sessions), 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, or
3. Termination of services provided at the UA Speech and Hearing Center

To cancel an appointment, please call the Speech & Hearing Center at (205) 348-7131.

The terms and conditions of the Attendance Agreement have been explained, and I understand this agreement.

Client's Name (please print): _____ File #: _____

Parent/Caregiver Signature: _____ Date: _____

Relationship to Client: _____

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