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

Appendix I: SHC Dress Code Policy

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

SHC Dress Code When Student is in Clinic:

SHC Dress Code: Uniform of red, black, or gray scrubs in solid colors with closed-toe shoes and SHC nametag. Clean, neutral-colored tennis shoes are acceptable. A solid, long-sleeve fitted tee (neutral colors) may be worn under the scrub top. A scrub jacket is optional. On Fridays, student clinicians may wear a NSSHLA/UA T-shirt, sweatshirt, or pull-over with scrub pants.

SHC Dress Code When Student is Not in Clinic: Business casual.

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 violations of the dress code, the clinical educator can send the student home and withhold clock hour credit for that session.

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

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

The following attire is not allowed at the SHC:

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

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

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

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

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.

Appendix II: Professional Conduct Policy

Purpose

The purpose of this policy is to define what professional student conduct consists of and what is unprofessional conduct. Further, this policy serves to convey to students enrolled in the Department of Communicative Disorders that they are representatives of the University and the program and their conduct and demeanor may affect the judgment of others about the program in a positive or negative manner.

Policy

Students enrolled in the Department of Communicative Disorders are expected to exude professional conduct at all times, to ensure they are conducting themselves in a professional and ethical manner. Students will be evaluated by faculty and clinical educators on the ability to conduct oneself in a professional and ethical manner while in this program. Incidences of unprofessional conduct may result in remediation or dismissal from the program.

Guidelines for professional conduct. Students shall:

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

To be perceived as professional and mature the student should:

- Use appropriate communications skills with faculty, staff, clients and families.
- Be organized and focused with timely completion of academic and clinic responsibilities.
- Exercise sound judgment and be knowledgeable and prepared.
- Demonstrate effective and harmonious relationships with the diverse academic, professional, and community persons.
- Be positive, empathetic, thoughtful and understanding when interacting with faculty, staff, clients, and other professionals.
- Avoid engaging in/or making disparaging remarks about faculty, staff, clients or peers, even if they are not identified.
- If you do not know the answer to a question defer to your clinical educator versus saying, "I don't know".
- Avoid chewing gum during clinical interactions and meetings.
- Avoid cell phone use and partaking of food/drink in clinical sessions/meetings unless instructed by your clinical educator.

Social Media Guidelines:

- Personal Social Media
 - Professionalism always is a consideration in all settings, including social media.
 - Students are judged by how well they represent themselves professionally.
 - Do not take photos or videos of clients on personal devices and post on any social media platform.
 - Maintain professional boundaries with clients, faculty and staff in the use of electronic media by not accepting/requesting friend requests while in the program.
- UA Students Groups on Social Media
 - Students should never name or discuss faculty, course information, test questions, exams, etc.
 - Course specific information is the intellectual property of the instructor and UA.

Scope

This policy applies to students enrolled in the Department of Communicative Disorders

Appendix III: SHC Safety Policies

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

Infection Control Plan

Introduction

The goal in establishing an infection control plan is to outline those procedures to be implemented in the Speech and Hearing Center for purposes of eliminating or minimizing potential transmission of infectious organisms among clients, employees, students, or other individuals in the clinical environment.

Infection control is regulated by OSHA (Occupational Safety and Health Administration). Anyone involved in clinic must follow infection control policies. In accordance with OSHA's Bloodborne Pathogens Standard 29 CFR 1910.1030, the following infection control plan has been developed to address specific tasks inherent to the practice of audiology and speech pathology and to minimize the risk of exposure to bloodborne pathogens and other potentially infectious bodily substances. While direct exposure to blood may be remote, this plan is intended to protect employees, students, and clients from such possibility and to reduce exposure to non-bloodborne pathogens that may potentially play a role in disease transmission.

It is the policy of this Speech and Hearing Center to follow universal precautions and that all blood and bodily substances will be regarded as infectious or hazardous. Bodily substances include all bodily fluids, excretions, secretions, tissues, sputum, or other drainage from client, employee, or student. Universal precautions will be standard for all client contact to prevent contact with such substances. It is the policy of the Speech and Hearing Center that all procedures and policies will be applied and followed for each client.

Brousard, I.M., & Kahwaji, C. I., (2017). Universal Precautions <https://www.ncbi.nlm.nih.gov/books/NBK470223/>

Section 1: Categorization of Employees and Student Clinicians

Policy: Each employer shall identify all employees and students whose duties include routine or reasonably anticipated tasks or procedures where there is actual or potential exposure to blood or other potentially infectious material.

Procedure: Each employee and student clinician will be classified into one of three status categories based on the potential exposure to infectious material associated with the specific responsibilities and duties. Exposure classification categories are as follows:

Category 1: Personnel whose primary duties expose them to cross infection with bloodborne disease or other potentially infectious microbes. These personnel have frequent contact with blood and body fluids and risk of exposure is high.

Category 2: Personnel whose duties potentially expose them to cross infection. This can involve potential exposure to ear drainage, cerumen with potential blood contamination, blood, mucous, and saliva. These personnel have less frequent exposure to blood and body fluids and risk of exposure is moderate.

Category 3: Personnel whose duties never expose them to blood or bodily fluids. Risk of exposure is minimal.

Personnel who engage in the delivery of clinical services at the Speech and Hearing Center qualify as Category 1, and includes audiologists, clinical educators, and student clinicians. Office staff and faculty who are not involved in clinical activities qualify as Category 2.

Section 2: Hepatitis B Vaccine

Policy: All qualifying personnel identified with the potential for encountering blood or other infectious substances and classified as Category 1 or Category 2 will be provided the opportunity to receive a hepatitis B vaccination series.

Procedure: OSHA recommends that Category 1 and Category 2 personnel consider a Hepatitis B vaccination. Students will be required to fill out the consent portion of the Hepatitis B Vaccine Consent/Declination Form. Students who decline the vaccine will be required to sign the declination portion of the form. Students who choose to have the vaccination can do so through their private physician or at the Student Health Center of University of Alabama Medical Center.

Section 3: Training

Policy: Infection control training for students will take place prior to students providing direct clinical services, with additional training conducted periodically when new or modified procedures are implemented.

Procedure: Initial and annual infection control training will be conducted and include an explanation of the following required concepts:

- OSHA Standard for bloodborne pathogens
- Epidemiology and symptomatology of bloodborne diseases
- Epidemiology and symptomatology of droplet transmitted diseases
- Modes of transmission of bloodborne pathogens
- Engineering controls in the Speech and Hearing Center
- Work practice controls in the Speech and Hearing Center
- Demonstration of product use for infection control procedures
- Hepatitis B vaccine program

Infection Control training will be administered through Training Academy by the Office of Environmental Health and Safety. Additional training is required for Speech and Hearing Center specific infection control policies and procedures and will be administered by appropriate clinical faculty/staff at New Student Orientation. Written documentation of the original training sessions and each additional training session thereafter will be kept on CastleBranch.

Additionally, completed forms will be scanned and electronic copies maintained in folder on the departmental share drive.

Section 4: Engineering Control and Work Practice Controls

Policy: Engineering controls and work practice controls will be utilized to minimize or eliminate potential exposure to microorganisms to employees, students, and clients. Engineering Controls will address isolation or removal of bloodborne pathogen hazards from the workplace. Work Practice Controls will outline policies and procedures designed to reduce the likelihood of exposure by altering the manner in which a task is performed.

Engineering Controls

Employees and student clinicians will not eat, drink, apply cosmetics, or handle contact lenses in client treatment rooms or hearing aid work areas.

- Each client treatment room and hearing aid work area will be equipped with designated containers for contaminated supplies or instruments. These containers should be placed out of reach for potential contact with clients.
- Each client treatment room and hearing aid work area with a sink will be equipped with medical grade liquid soap and disposable paper towels.
- Each client treatment room and hearing aid work area without a sink will be equipped with waterless hand disinfectant.
- Latex, vinyl, or other appropriate gloves will be made available in each designated client treatment room and hearing aid work area.
- Face masks, face shields, goggles will be made available in each designated client treatment room and hearing aid work area.
- Hearing aids and earmolds dropped off at the front desk of the Speech and Hearing Center for servicing will be placed directly in plastic bag by the client and put in designated box for audiologist.

Work Practice Controls

- Wash hands with medical grade soap and water or waterless hand cleanser before and after each client contact. Soap is available in the restrooms and most treatment rooms. Waterless hand cleansers are kept in the resource room, staff room, preschool rooms, audiology clinic, therapy rooms, and office. Take waterless hand cleanser to off-campus sites as hand washing will be difficult.
- Wash hands after using the bathroom.
- Keep hands away from your face, i.e. out of your mouth and away from your nose and eyes.
- Gloves should be worn during any procedures where one may come in contact with bodily fluids or contaminated objects. This includes, but is not limited to, working with clients with draining or infected ears, with an open skin lesion, a runny nose or cough, cerumen management, handling hearing aids, taking earmold impressions, feeding, and oral-peripheral examinations. Finger cots may be worn during oral-peripheral exam in place of gloves.
- Gloves should be worn when changing diapers, cleaning up vomit or a bathroom accident, or bandaging a wound.
- Use disposable supplies whenever possible and dispose of in designated containers.
- If using reusable supplies or instruments, place in the designated container for proper cleaning, disinfection, and/or sterilization as needed.

- Clean all toys and therapy materials after each use with antimicrobial wipes or spray, or with soap and water depending on the design and material of the toy. Avoid using toys that cannot be cleaned. Wash hands after touch toys that a client has handled.
- Clean all surfaces, including countertops, chairs, and any other surfaces that come in contact with people or potentially infected items after each use with antimicrobial cleansers or soap and water.
- Clean all equipment used with clients after each use with antimicrobial wipes or spray if it will not be damaging to the equipment. Check equipment manuals for recommended cleaning methods and materials. Clinical educators should provide instructions to students on how to clean equipment without damaging it.
- Students should check with the off-campus clinical educator regarding infection control procedures for that facility.

Section 5: Emergency Procedures

Policy: All personnel will execute and follow designated emergency procedures.

Procedure: If an employee, student, or client is involved in an exposure incident as a result of an accident including, but not limited to, an accidental fall, cut, or procedure that results in the emergence of blood, an employee will immediately initiate a call to 911 if the situation warrants. Students should immediately notify Supervisor or Clinic Director of the incident. Under no circumstances will an employee classified in Category 3 place himself or herself in a situation where contact with blood of another person could occur. Category 1 or 2 employees will provide assistance in emergency situations when blood or bodily substance spillage occurs and will provide this assistance only while wearing gloves. If a student is the victim of an exposure incident, a Speech and Hearing Center Incident Report will be completed and medical attention will be coordinated.

Section 6: Post-exposure Evaluation and Management

Policy: All student clinicians will immediately report an unprotected incident of exposure to blood or infectious condition, complete written documentation of the incident, and follow up with a medical examination and treatment, if necessary.

Procedure: Exposure to bloodborne pathogens in this office is possible, although not likely. Should an exposure occur, it should be reported immediately to the clinic director, or to the clinical educator if a student clinician is involved and recorded on the Speech and Hearing Center Incident Report. Documentation of episodes of exposure to an infectious condition will be kept on file at the Speech and Hearing Center. The individual will be referred to the Student Health Center at the University of Alabama Medical Center, or to his/her private physician for medical examination and treatment.

Section 7: Off-Campus Placements

Policy: Students should check with off-campus supervisor and are expected to follow all infection control policies, procedures, and training requirements of the off-campus facility.

COVID-19 Protocol/Infection Control Procedures

The following procedures are in addition to the general infection control procedures. These policies are in compliance with current Centers for Disease Control and Prevention guidelines and may change at any time guidelines are updated by the CDC.

Procedure

Speech and Hearing Center (SHC) Clients and Visitors

- Clients/family members should not come to the SHC if they are experiencing any symptoms of illness.
- Clients and family members are not required to wear face masks while at the Speech and Hearing Center, although unvaccinated clients and visitors over the age of 2 are strongly encouraged to wear masks.
- All SHC clients and visitors will enter the SHC at the main front entrance.
- Clients and visitors are encouraged to utilize the hand sanitizer stations positioned at the front door and at the front desk.
- Clients and visitors should report to the front desk for check-in.
- Clients and visitors will wait in clinic waiting room after check-in for clinician to come escort to the therapy room/area for services.

Department of Communicative Disorders Faculty, Staff, and Students

- All CD faculty, staff, and students are strongly encouraged to get vaccinated.
- Faculty, staff, and students should not come to the SHC if they are experiencing any symptoms of illness.
- All faculty, staff, and students must notify their supervisor in the event they test positive for COVID-19 or are otherwise subject to quarantine or isolation under public health guidelines
- Failure to comply may result in disciplinary action and/or removal from campus.

Updated Quarantine Guidelines Updated May 11, 2023

- If you test positive for COVID-19:
 - Stay home for 5 days and isolate from others.
 - Wear a mask when around others.
 - With no symptoms: end isolation at least 5 days after your positive test.
 - With symptoms: end isolations after 5 days if you are fever-free for 24 hours w/out fever-reducing medicine and your symptoms are improving.
 - If symptoms are not improving, continue to isolate until you are fever-free for 24 hours w/out fever-reducing medicine and your symptoms are improving.
 - After ending isolation, continue to wear high-quality mask through day 10.
 - If you get very sick from COVID-19 or have a weakened immune system, you should isolate for at least 10 days and consult with your physician before ending isolation.

- If you are sick and suspect that you have COVID-19 but do not yet have test results:
 - Isolate until you have test results.
 - Wear a mask when around others.
 - If you test negative, you can end your isolation.
 - If you test positive, follow full isolation recommendations above.

[Isolation and Precautions for People with COVID-19 | CDC](#)

Procedures for Wearing Face Mask in the Speech and Hearing Center - Faculty/Staff/Students

- Masks are optional for faculty/staff/students at the Speech and Hearing Center. Unvaccinated individuals are encouraged to wear a mask at all times to mitigate risk to clients, families, students and colleagues.
- Clients or parents may request that masks be worn by SHC personnel when providing direct services.

Infection Control Procedures for Providing Services to SHC Clients

- All SHC personnel will wear necessary PPE if within 3 feet distance of client as determined by the Clinical Educator.
 - Necessary PPE may include:
 - Face mask
 - Face shield – may be disinfected between clients and re-used
 - Gloves – will be changed between every client and during same client appointment if necessary
 - Eye protection – goggles may be disinfected between clients and re-used
 - Gowns - if determined necessary due to extensive contact with client –changed between clients
- Hands should be washed with soap and water between clients and handsanitizer used during client sessions as necessary.
- All surfaces cleaned with approved disinfectant after every client appointment.
- Minimize use of any non-washable items such as toys and therapy materials that cannot be disinfected.
- Plexiglass shields may be used when needed to provide barrier between clinician/client, especially when it is necessary to remove masks for therapy activities.
- If necessary, clinician will make sure client/family member has a face mask and will issue one if not.
- Clinician will provide hand sanitizer for all.

Other Infection Control Procedures

These procedures are in addition to all policies and procedures documented in the Infection Control Plan for the Speech and Hearing Center. All faculty, staff, students, and other UA personnel must adhere to stated procedures in both the original Infection Control Plan and this COVID-19 Screening Protocol and Infection Control Procedures.

Appendix III: SHC Contagious Condition Policy

Purpose

The purpose of this policy is to help prevent the spread of contagious diseases at the Speech and Hearing Center through measures that focus on safety, prevention, and education. A contagious condition is an infectious disease that is spread from person to person through casual contact or respiratory droplets. Examples of conditions that could be contagious include fever, vomiting, diarrhea, head lice, rash, impetigo, pink eye, and chicken pox.

Policy

Students and employees as well as clients should not come to the SHC if they have a contagious condition. Individuals who exhibit symptoms after arrival will be sent home.

Procedure

Student and SHC employee guidelines for having a contagious condition:

- Notify supervisor immediately.
- Stay home or leave the workplace if symptoms occur while already present at work
- To return to SHC, must be symptom-free of the condition or no longer contagious.
- In certain instances, written documentation from a healthcare provider that the student/employee may return to work may be required.

Client guidelines for a contagious condition:

- Notify SHC or person overseeing clinical services immediately if condition impacts ability to attend scheduled appointment.
- Do not attend appointment, or leave session if symptoms occur while at the SHC.
- To return to SHC, must be symptom-free of the condition or no longer contagious.
- In certain instances, written documentation from a healthcare provider that the client may return to work may be required.

Appendix III: SHC Accident and Injury Policy

Purpose

The purpose of this policy is to ensure the safety and well-being of clients, students, and faculty/staff related to illness, accident or injury on the SHC premises.

Policy

In the event of illness, accident or injury at the SHC, the incident should be reported to the Clinical Educator/Clinic Director immediately and a determination made as to whether the incident can be managed at the SHC or if the person should seek additional medical attention. All incidents are documented and kept in the client's medical record or the student/faculty/staff file. Parents or client caregivers are always informed if an accident or injury occurs.

Procedure

- Illness, accident, or injury that occurs in the clinic should be reported at once to the Clinical Educator/Clinic Director. The Clinical Educator/Clinic Director will determine whether the incident can be managed at the SHC or if the person should seek medical attention.
- 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.
 - First aid kits are located throughout the SHC (Main office, ped wing, adult wing, student workroom, audiology, faculty wing).
- A contaminated area should be covered with paper towels and then cleaned thoroughly using disinfectant. The incident should be reported to a Clinical Educator/Clinic Director. Depending on the nature of the incident, housekeeping may be contacted to assist in the sanitation process.
- Parents or client caregivers are always informed if an accident or injury occurs.
- Incidents are documented and kept in the client's medical records or the student/faculty/staff file.

Scope

This policy applies to students, employees, and clients of the Speech and Hearing Center.

Appendix III: SHC Emergency Management Plan

Purpose

The purpose of the Speech and Hearing Center (SHC) Emergency Management Plan is to save and protect the lives of students, employees, and the public in the event of an emergency.

Policy

In the event of power failure:

1. Student clinicians will remain with clients at all times.
2. Move to the closest area of natural light.
3. Obtain a flashlight from the front office, supervisor workroom, adult hallway, student workroom, or the faculty area.
4. Report power outage to an office associate, who will contact the maintenance department.

In the event of fire or other emergency requiring evacuation:

1. Clinicians will remain with clients at all times.
2. Leave the building through the nearest exit. All exits are marked with an Exit sign.
3. Call 8-5454 or 911 using a cell phone or phone in the nearest campus building.
4. Do not return to the building until permission is given by the emergency management team.
5. Clinical educators 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 educator will go to the medical facility and remain until the family has arrived.
7. Fire extinguishers and fire alarms are available in different locations throughout the building.

In the event of dangerous weather:

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

Training:

Procedures will be covered with students during New Student Orientation.

Scope

This policy applies to student clinicians and employees of the SHC.

Appendix III: SHC Client Safety and Security Policy

Purpose

This policy is to ensure the safety, security, and well-being of clients of the Speech and Hearing Center.

Policy

All clients must be accompanied to and from therapy sessions by the clinical educator or student clinician.

Procedure

Upon completion of therapy sessions, clients are to be escorted to the lobby or other waiting areas and returned to the care of their responsible party, unless the client can drive and attend therapy appointments independently.

In the event that a client's safety is in question, the Speech and Hearing Center reserves the right to request that a caregiver remain on the Speech and Hearing Center premises while the client receives services.

If the Speech and Hearing Center staff feel that a client's safety may be in jeopardy, the following actions should be taken:

- Notify UA Police Department of the current situation (8-5454)
- Alert Clinical Director/Clinical Educator to assist with the situation
- Alert the client's responsible party
- Complete a formal incident report and retain in the client's medical record

Scope

This policy applies to clients, responsible parties of clients, student clinicians, and clinical educators.

Appendix III: SHC Child and Elder Abuse Policy

Purpose

Alabama law designates UA employees /students with certain positions as “mandated reporters”. Mandated reporters have an individual duty to report known or suspected abuse or neglect relating to children, and elder or dependents adults.

Policy

With very limited exception, Alabama law makes the reporting of known or suspected child abuse or neglect, and elder abuse or neglect, regardless of the circumstances in which it may occur, **mandatory** for university employees and students providing clinical services at the Speech and Hearing Center.

Any university student/employee who makes a good faith report of child/elder abuse or neglect shall not be subjected to retaliation and is immune under Alabama law from any liability - civil or criminal – that might otherwise be incurred or imposed. Also, under Alabama law, any mandatory reporter who fails to report child/elder abuse shall be guilty of a misdemeanor.

Procedure

Reporting Procedures:

- **Immediately** notify Clinical Educator/Clinic Director who will assist you in the following required actions.
- **Immediately** report the information to The University of Alabama Police Department (UAPD) at **205-348-5454**. Your oral report should include *all available information* regarding the known or suspected abuse or neglect, including, but not limited to: the name of the individual, the individual’s whereabouts, the names and addresses of the parents, guardian, or caretaker for the individual, and the character and extent of the injuries. The report should also contain, *if known*, any evidence of previous injuries to said individual and any other pertinent information that might establish the cause of such injury or injuries, and the identity of the person or persons responsible for the same. However, you should not delay making a report to gather this information.
- **Do not** directly question or solicit information from the individual or from the person suspected of improper behavior. Likewise, do not delay making a report to gather evidence. That is not your role; the role of investigation lies with city, county, state or other appropriate officials.
- In addition to making an oral report, you must also complete a **Child Abuse or Neglect Report Form** and deliver the same to UAPD. It shall be the responsibility of UAPD to notify the Office of Legal Counsel of the suspected abuse and to coordinate the investigation with local law enforcement and state officials. Further, it shall be the responsibility of the UAPD to

either report the incident to the State of Alabama Department of Human Resources or to ensure that the local law enforcement agency has made the report. The UAPD shall advise the reporter that such report has been made. Finally, the UAPD shall be responsible for maintaining all records and reports related to the incident and to brief university officials regarding progress or resolutions as needed.

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

Training:

In order to ensure the safety and well-being of children and vulnerable adults, all individuals, including University faculty, staff, students, volunteers, and representatives will be directed to complete training on reporting requirements.

Scope

This policy applies to student clinicians and faculty/staff of the Speech and Hearing Center.

Appendix IV: HIPAA Policies and Procedures

HIPAA Notices and Forms

THE UNIVERSITY
OF
ALABAMA

SPEECH AND HEARING CENTER

HIPAA Policies and Procedures

OVERVIEW

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

Two parts:

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

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

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

Penalties for violation of HIPAA regulations:

Criminal penalties

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

Civil penalties

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

The University of Alabama Health Care Component (UAHCC)

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

Protected Health Information (PHI)

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

ADMINISTRATIVE POLICIES

Compliance

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

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

Training

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

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

- Faculty, clinical educators, 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

Speech and Hearing Center Designated Record Sets are comprised of the following documents:

- Speech-Language Diagnostic Report
- Plan of Care
- Speech-Language SOAP/Treatment Notes
- Summary of Progress Report
- Discharge Summary Report
- Audiologic Diagnostic Report
- Audiologic Treatment Report
- IEP: Individualized Educational Plan; IFSP: Individualized Family Service Plan
- Billing records

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

Identification of Authorized Personnel

Clinical educators 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 educators, 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, HIPAA Privacy/Security Officers	Complete access
Level 2	Clinical Educators	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 educator and delivery of clinical services
Level 5	Faculty	As authorized for teaching and research

Policy on Storage of Protected Health Information

General Rules for Protection of PHI

- All protected health information, including billing information, client files, photographs, videotapes, and audiotapes must be stored in a secure area.
- 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.

Electronic Medical Records

- Point-n-Click is the electronic medical record application system used by the SHC.
- PHI stored electronically is protected and cannot be stored on a hard drive or portable drive of any kind.
- Access is granted to PHI in the EMR through a password protected secure login with DUO 2 factor authentication.
- Students should only access electronic medical records from the SHC computers or, if using personal computers, from a private secure location unobservable by others. If using a personal computer, the computer must contain antivirus/malware software and be password protected. The most current operating system available for the specific device must be used. Students should log-out of the EMR program when not in use.
- Students should only access PHI of clients for which they have a legitimate need to access for the purposes of training and the delivery of clinical services.
- Access to electronic medical records will be audited by the SHC Security Officer to protect privacy of records and to ensure compliance with privacy/security policies and procedures.

PHI Not Contained Within the EMR System

- This includes all PHI, electronic and non-electronic records, including all paper files maintained for SHC clients prior to adoption of EMR system.
- All PHI 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.
- Students must follow all policies and procedures stated above to protect the privacy/security of clients' PHI.

Use of UA Box for Creation and Storage of PHI

- UA Box may be used to create and store clinic related work that contains protected health information (PHI). Documents created or stored on UA Box that contain PHI may not be saved or downloaded to any computer, personal device, flash drive, or smart phone. These documents must be created and saved using the “online” option within UA Box.
- Specific instructions related to the use of UA Box for clinic needs will be provided by the clinical educator at the start and throughout each clinical rotation.

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 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 educator.
- 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.

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 educator, 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 12 months.

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 educator.

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 and/or the *Permission to Contact* form. Clinical educators should use encrypted email to transmit protected health information. Student clinicians or student workers should not transmit clinical records or any other highly sensitive information by e-mail.

Policy on Social Media

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

POLICIES ON CLIENTS' RIGHTS

Policy on Client's Right to Review and Amend PHI

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

The request can be granted or denied as deemed appropriate by the clinical educator. 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. Requests for and disclosure of PHI will be documented in the facility's electronic records system, Point-n-Click. Point-n-Click automatically documents and maintains a record of all chart access within the system. This access record may be audited by the Privacy and/or Security Officer(s) at any time.

The *Summary of File Access* form must be kept up to date for paper client files (for paper records generated prior to the facility's use of Point-n-Click).

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.

SPEECH AND HEARING CENTER
Notice of Health Information Practices

Effective Date: April 14, 2003
Revised Effective Date: July 14, 2021

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 of 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 Office of Internal Audit, the University's Privacy and Security Officers, the Office of Internal Audit, Human Resources, and UA and UAB Risk Management.

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 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;
- notify you in the case of a breach of your identifiable clinical information; and
- 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, or referral to another clinic for 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 the 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. Services are often provided by students under the supervision of a state licensed and nationally certified clinical educator. Clinical information is often used for teaching purposes. It is common practice to observe, video or audio recordings of clinical sessions since teaching is a routine part of Speech and Hearing Center operations. Other clinical records might be reviewed with students for teaching purposes as well. Information will be accessed by 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. Some clinical research studies require specific client consent while others do not require client authorization. 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. We do not sell your clinical information to any third party for their marketing activities unless you sign an authorization allowing us to do this.
- **The Speech and Hearing Center Directory.** If the Speech and Hearing Center developed a 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 might be some services provided to the Speech and Hearing Center through contracts with business associates. An example would be a software company we might use to maintain clinical records. If 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 of clinical devices 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.** We will obtain your authorization to use or disclose your psychotherapy notes (other than for uses permitted by law without your authorization); to use or disclose your clinical information for marketing activities not described above; and prior to selling your clinical information to any third party. Any other uses and disclosures not described in this Notice 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. Additionally, the 21st Century Cures Act prohibits us from knowingly engaging in Information Blocking. We will not engage in any practice that is likely to interfere with, prevent, or discourage your access, exchange, or use of your electronic health information.

To inspect and copy clinical information that may be used to make decisions about you, you must submit your request in writing to your Speech and Hearing Center clinical educator. Your request will be forwarded to and reviewed by the Clinic Director and HIPAA Privacy/Security Officers. 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 your Speech and Hearing Center clinical educator. Your request will be forwarded to and reviewed by the Clinic Director and HIPAA Privacy/Security 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.

To request this list or accounting of disclosures, you must submit your request in writing to your Speech and Hearing Center clinical educator, who will take the request to the Clinic Director and HIPAA Privacy Officer. Your request will be forwarded to and reviewed by the Clinic Director and HIPAA Privacy/Security Officer. Your request must state a time period which may not be longer than six years from the date of your request. 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 your Speech and Hearing Center clinical educator. Your request will be forwarded to and reviewed by the Clinic Director and HIPAA Privacy/Security 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 That Clinical Information Pertaining to Services Paid Out of Pocket Not Be Sent to Insurance.** In some instances, you may choose to pay for a healthcare item or clinical service out of pocket, rather than submit a claim to your insurance company. You have the right to request that we not submit your clinical information to a health plan or your insurance company, if you, or someone on your behalf, pay for the treatment or service out of pocket in full. To request this restriction, you must make your request prior to the treatment or service in writing on the required form to your Speech and Hearing Center clinical educator. Your request will be forwarded to and reviewed by the Clinic Director and HIPAA Privacy/Security Officer. In your request, you must tell us (1) what information you want to restrict (2) and to what health plan the restriction applies.

- **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 your Speech and Hearing Center clinical educator. 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, <http://cd.ua.edu/speech-and-hearing-center/hipaa/> .

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 make available 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 and Security Officers and others at the University who assist the Speech and Hearing Center Privacy and Security Officers with HIPAA compliance.

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

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.



College of
Arts & Sciences

Phone: (205) 348-7131 **University of Alabama Speech & Hearing Center** Fax: (205) 348-1845
www.cd.as.ua.edu 700 University Boulevard East – Tuscaloosa, AL 35487

Permission to Contact

Protected health information (PHI)/electronic health protected health information (ePHI) is information that identifies an individual and that is transmitted or maintained by electronic media or any other form of medium. This includes appointment information, test results, and information related to the services received by an individual at The University of Alabama Speech and Hearing Center (UA SHC). Please identify your preferred communication method(s) as below.

I agree to allow UA SHC to contact me in the following methods regarding my PHI, evaluation, and treatment.

METHOD	NUMBER/ADDRESS	MESSAGE (CIRCLE YES OR NO)
_____ Home Phone	_____	YES NO
_____ Cell Phone	_____	YES NO
_____ Work Phone	_____	YES NO
_____ Mail	_____	
_____ Fax	_____	

Communicating PHI through **unencrypted email** is at risk of being intercepted or viewed by individuals other than the intended party. Sending and receiving encrypted email requires additional software that secures the content of the messages. Please indicate below if you wish to receive PHI from The UA Speech and Hearing Center via email.

_____ Unencrypted/non-secure email Email Address(es): _____
_____ Encrypted/secure email Email Address(es): _____

_____ **I DO NOT give The UA SHC permission to contact me via email.**

Members of The UA SHC workforce will not communicate any information with you by email unless permission has been granted with the use of this form. However, if you send any member of The UA SHC workforce an unencrypted email containing PHI, the email will be interpreted as you giving The UA SHC workforce member permission to respond with an unencrypted email. Any communication by email with a UA SHC workforce member should be related to the services provided at this facility and should not include personal questions or comments.

I authorize the following person(s) to have access to my UA SHC records:

Person: _____ Relationship: _____

Person: _____ Relationship: _____

Your signature below indicates that you have read this document and that you fully understand all of the included information.

Client Name (Print): _____ Date: _____

Legal Representative Name (Print): _____

Signature: _____

Valid until discharged from services unless otherwise specified.

Revised 01/20

**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 educator to evaluate the clinician's performance
- review by the clinician and clinical educator to evaluate the client's progress and adjust services if needed
- review by clinical educators 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 educators. It is sometimes recommended practice for parents to be engaged in the clinical process. Parents, with permission of the clinical educator, 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: _____

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

[illegible]

Appendix V: Non-Academic Expectations Policy

Purpose

In order to acquire the knowledge and skills requisite to the practice of speech-language pathology to function in a broad variety of clinical situations, and to render a wide spectrum of patient care, students must have non-academic skills and attributes in five essential areas: communication, motor, intellectual-cognitive, sensory-observational, and behavioral-social.

Policy

Students must possess non-academic skills and attributes to be able to practice and function as a speech-language pathology graduate student. Concerns regarding non-academic areas can be brought up at any time during a student's graduate career for review and a remediation plan can be implemented. Non-academic accommodations registered with ODS will be upheld and provided.

Procedure

Many non-academic skills will be learned and developed during the course of the graduate program through coursework and clinical experience. *The starred items (*), however, are skills that are more inherent and should be present when a student begins the program.*

1. COMMUNICATION

A student must possess, or with reasonable accommodation be able to achieve, effective communication skills to:

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

2. MOTOR

A student must possess, or with reasonable accommodation be able to achieve, effective motor skills to:

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

3. INTELLECTUAL / COGNITIVE

A student must possess, or with reasonable accommodation be able to achieve, effective intellectual and cognitive skills to:

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

4. SENSORY/OBSERVATIONAL

A student must possess, or with reasonable accommodation be able to achieve, effective sensory skills of vision, hearing, tactile, and smell to:

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

5. BEHAVIORAL/SOCIAL

A student must possess, or with reasonable accommodation be able to achieve, effective behavioral and social attributes to:

- *Display mature empathetic and effective professional relationships by exhibiting compassion, integrity, and concern for others.
- Work in a collegial and effective manner with peers, faculty, supervisors, and staff.
- Set and maintain professional boundaries with peers, faculty, supervisors, staff, clients, and families.
- *Recognize and show respect for individuals with disabilities and for individuals of different ages, genders, race, religions, sexual orientation, and cultural and socioeconomic backgrounds.
- *Conduct oneself in an ethical and legal manner, upholding the ASHA Code of Ethics, and university and federal privacy policies.
- *Maintain general good physical and mental health and self-care in order not to jeopardize the health and safety of self and others in the academic and clinical setting.

- Adapt to changing and demanding environments (which includes maintaining both professional demeanor and emotional health).
- Manage the use of time effectively to complete professional and technical tasks within realistic time constraints.
- Accept appropriate suggestions and constructive criticism and respond by modification of behaviors.
- Dress appropriately and professionally.

EVALUATION/REMEDIATION PROCEDURES FOR NON-ACADEMIC EXPECTATIONS

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

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

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

NON-ACADEMIC ACCOMMODATIONS

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

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

Scope

This policy applies to student clinicians of the Speech and Hearing Center.

Appendix VI: SHC Centralized Camera System Information

Clinical Observation Recording System (CORS)

Administrators: Candace Cook and Dr. JoAnne Payne

Cameras are located in the following rooms:

Room 103
Room 105
Room 107
Room 110
Room 113
Room 114
Room 116
Room 117
Room 119
Room 120
Room 130
Room 177
Room 192
Room 196
Room 201
Room 203
Room 206

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

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

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

The web address is: **cors.ua.edu**

You will see the login for VALT (Video Audio Learning Tool)

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

Username: (bama username)

Password: (a temporary password will be assigned)

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

Your password must have one capital letter and at least one number.

To Schedule a Recording:

1. Click on the functions tab, then click on schedule.
2. To create a new schedule, click on “new schedule”.
3. Under the “Information” tab, select camera room, recording name** (see below for specifics of the recording name design), supervisor, student clinician, client, session type, client type, format, primary category, if needed and specific disorder, if needed.
4. Click “Save Schedule” to move to the “Schedule” tab.
5. Under this tab, select start date, start time** (the afternoon is in **military time** but will convert to pm on the Review page), select duration, and if it is a recurring video check the “Recurrence” box.

6. Under recurrence, you can choose how often you would like it to repeat and the range date. The range date should be the last day of clinic for each semester unless it is fewer sessions than the semester end date. This is easily achieved by using the “end by” box.
7. Videos can be recording while in the “Observe” screen by clicking on “Record”.

Watching Live Controls:

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

To Review a Recording:

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

To Locate a Video and Playback:

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

Playback Markers:

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

Deletion of Recordings:

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

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

Recording Name Guidelines for ALL Recordings:

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

Individual Client Examples: StricklinSmithMixedLang8yo m CookJonesArticDX4yof

Group Therapy Examples: HintonSmithAACGroupPK or ShirleyWattsCognitiveGroupAdult

Only list one type of treatment or it can be marked as DX for diagnostic.

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

AAC
Accent
Aphasia
Apraxia
AuralRehab
Autism
AudProc
Artic
CleftPalate
Cog
Dysphagia
ExecFunc
ExpLang
RecLang
MixLang
Literacy
Phonology
Pragmatic
LSVT
Fluency
Transgender
Other

Appendix 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 educator.
9. Students who are not performing to the standards and expectations outlined prior to the placement will be immediately pulled from that site and expected to complete the remaining time at a clinical site in the Tuscaloosa area. If a placement is not available in Tuscaloosa, then the student will complete a rotation the following semester and graduation will be delayed one semester.

Appendix VIII: CLINICAL ATTENDANCE LOG

Clinical Attendance Log

Student: _____ Term: _____

Clinical Practicum Site and Clinical Educator: _____

REMINDERS:

- *Students are to attend clinical practicum experiences according to the schedule set for them by the Internship Coordinator or Clinic Director at the beginning of the clinical practicum period. The Internship Coordinator, Clinic Director, and Clinical Educator must approve any changes in the student's clinical practicum schedule.*
- *Under no circumstances, should a student request additional time away from placement (i.e., for outside jobs, travel, personal activities, to leave early, etc.) during the clinical practicum experience dates.*
- *If an off-campus Clinical Educator requests a student not attend practicum on a given day, the Internship Coordinator should be notified, and the student's schedule may be modified as needed.*
- *If a student must be absent from clinical practicum due to emergency (i.e., illness with fever, accidents, death in the immediate family, or other immediate family crisis) student should let Clinical Educator and Internship Coordinator know as soon as possible.*
- *All missed or early dismissal days should be documented below.*
- *Clinical Educators should sign for every day a student misses clinical practicum.*

Date	Reason	Clinical Educator Signature

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

Student Signature

Clinical Educator Signature

Appendix IX: Expectations for the Student Intern at an Off-Campus Site

Expectations for the Student Intern

1. The student intern must always adhere to the ASHA Code of Ethics.
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 Educator 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 Educator requests that the student not attend. The student may not ask the Clinical Educator for days off or to leave early.
5. Punctuality and attendance are required. Absenteeism and tardiness are allowed only in cases of emergency. The student is expected to communicate attendance with the Clinical Educator and Internship Coordinator at the time of absence, then utilize the Clinical Attendance Log to report anytime he/she is absent from off-campus clinical practicum.
6. The student intern should inform the Off-Campus Clinical Educator and Internship Coordinator of arrangements needed to satisfy cultural preferences. Cultural preferences will be accommodated to ensure diversity and inclusivity of all students.
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 unless the Clinical Educator has indicated this is the preferred method of communication while 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 paperwork 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 Educator. Clock hours should be documented accurately and reflective of all experiences obtained during practicum rotation.
13. Evaluations of clinical competencies are to be completed by the Clinical Educator 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 Educator 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 student at mid-term and at the end-of-term if requested by the Clinical Educator. Self-evaluations should be reviewed during the mid-term and end-of-term conferences.
15. If there is concern for a student's ability to meet clinical practicum expectations, the Clinical Educator should contact the Internship Coordinator or Clinic Director at the UA Department of Communicative Disorders to discuss a plan for successful remediation.
16. The student intern will abide by any other policies or procedures specific to the clinical practicum site.
17. Adherence to student expectations, academic performance, clinical performance, and professionalism may determine the availability of future off-campus clinical 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 Educator.
 - 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 Educator.
 - 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 Educator.

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

Print Student Name

Clinical Site Name and Term

Student Signature

Date

Clinical Educator Signature

Date

Appendix X: CALIPSO Instructions

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

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

SUPERVISOR INSTRUCTIONS

Step 1: Register as a Supervisor on CALIPSO

(Clinical Assessment of Learning, Inventory of Performance, and Streamlined Office-Operations)

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

Step 2: Login to CALIPSO

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

Step 3: Select Supervisee / Student

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

Step 4: View Student Clock Hour Records

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

Step 5: View Student Cumulative Evaluation

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

Step 6: View Student Immunization and Compliance Records

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

Step 7: Complete Site Information Form

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

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

- The file management feature allows you to upload any type of file (e.g. Word, PDF, JPEG, audio/video) pertinent to the clinical experience for a specific student.
- Select the desired student and then click on the “Clinical Placement” link to upload your own file and/or view a file uploaded by your student.
- **First, select a folder by clicking on the folder name or create a new folder or subfolder.** To create a new folder or subfolder, type in desired folder name in the "Add folder" field and press "create."
- **Upload a file** by pressing the “Browse” button, selecting a file, completing the requested fields, and clicking "upload." The upload fields will display if you have selected an unrestricted folder. **Set the file permission** by choosing “public” for student and clinical administrator access or “private” for clinical administrator access only.

- **Move files** by dragging and dropping from one folder to another.
- **Delete files** by clicking the “delete” button next to the file name. **Delete folders** by deleting all files from the folder. Once all the files within the folder have been deleted, a “delete” link will appear to the right of the folder name.

Step 9: Complete Midterm Evaluation

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

Step 10: Complete Final Evaluation

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

Step 11: Approve Clock Hours

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

Step 12: View Your Supervisory Summary

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

Step 13: View Your Supervisory Feedback

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

Step 14: Update Your Information

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

STUDENT INSTRUCTIONS

Step 1: Register as a Student User on CALIPSO

- Before registering, have available the PIN provided by your Clinical Coordinator via e-mail.

- Go to <https://www.calipsoclient.com/ua>
- Click on the “Student” registration link located below the login button.
- Complete the requested information, being sure to enter your “school” e-mail address, and record your password in a secure location. Click “Register Account.”
- Please note: **PIN numbers are valid for 40 days.** Contact your Clinical Coordinator for a new PIN if 40 days has lapsed since receiving the registration e-mail.

Step 2: Login to CALIPSO

- To login, go to <https://www.calipsoclient.com/ua> and login to CALIPSO using your school e-mail and **password that you created for yourself during the registration process (step one.)**
- Upon logging in for the first time, you will be prompted to pay the student fee and to provide consent for the release of information to clinical practicum sites.

Step 3: Enter Contact Information

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

Step 4: View Immunization and Compliance Records

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

Step 5: View/Upload Clinical Placement Files

- The file management feature allows you to upload any type of file (e.g. Word, PDF, JPEG, audio/video) to share with your clinical educator 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 educator.
- 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 educator 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 XI: SHC Billing Policy

The University of Alabama Speech and Hearing Center

PAYMENT FOR SERVICES

Revised August 1, 2023

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

SPEECH-LANGUAGE EVALUATION AND TREATMENT SERVICES

Private Insurance: Blue Cross Blue Shield (BCBS), Humana, and United Healthcare insurance will be billed for speech-language evaluation and treatment services if a client has a doctor referral for the services being requested. The UA Speech and Hearing Center is not in-network with other insurance companies at this time. All clients wishing to file services on their insurance are responsible for obtaining a physician referral prior to their appointment. The SHC is contractually obligated to file services with BCBS, Humana, and United Healthcare.

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

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

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

- *If a referral form is not provided prior to the service being rendered, no service will be provided.*
- *It is the client's responsibility to be sure the Medicaid policy is active and the EPSDT referral and physical are current. Active clients will be given a two-week grace period to correct any of these issues before the spot will be released to another client.*
- *A client with an inactive Medicaid policy and/or expired EPSDT referral will be given the option to become a private pay client.*

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

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

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

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

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

Clients Placed on Medical Hold: If the client is going to be out for more than 25% of the semester due to a medical condition, then the client will be removed from treatment services for the semester. The client will be placed at the top of the treatment waitlist for the following semester. If the client is unable to return the following semester, then the client will be discharged.

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

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

AUDIOLOGY SERVICES

Private Insurance: Blue Cross Blue Shield (BCBS), Humana, and United Healthcare insurance will be billed for audiology services if a client has a doctor referral for the services being requested. The UA Speech and Hearing Center is not in-network with other insurance companies at this time. All clients wishing to file services on their insurance are responsible for obtaining a physician referral prior to their appointment. The SHC is contractually obligated to file services with BCBS, Humana, and United Healthcare.

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

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

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

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

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

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

Clients Receiving Home Health Services: Audiology clients receiving home health services for any reason will be treated as private-pay clients until they are discharged from the home health agency. This discharge status will be verified by the Speech and Hearing Center.

ACCOUNT SETTLEMENT

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

POLICY: A payment plan option may be offered to clients with an outstanding balance over \$200 that is 90 days past due. Payment plan options are available for speech-language treatment services only. All payment plans must be approved by the Clinic Director with the minimal monthly payment not to be less than \$50. When a payment plan schedule has been drafted, the client/responsible party will receive a written agreement outlining the payment arrangements. The client/responsible party is required to sign the agreement and return it to the clinic. The client/responsible party will be given a copy of the agreement for his or her records. It is preferred that the client/responsible party provide the SHC with the credit card information to charge the monthly payment to.

- The UA Speech and Hearing Center reserves the right to accelerate and demand balance in full if the client/responsible party 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. The client/responsible party will be advised that if the matter is forwarded to a collection agency and/or legal action is taken, the client/responsible party will be required to pay all additional fees and expenses, including but not limited to reasonable attorneys' fees.

INSURANCE VERIFICATION

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

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

DISCLOSURE OF SERVICE FEES

POLICY: Clinical Educators may discuss the estimated cost of treatment services during scheduling.

POLICY: Front office staff should discuss the estimated cost for speech-language evaluation services and audiology services with respective clients during scheduling.

PATIENT FINANCIAL RESPONSIBILITY STATEMENT

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

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

Appendix XII: SHC Appointment Attendance Policy

Appointment Attendance Policy - Private Pay and Insurance Clients

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

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

Evaluation Cancellation and No Show Policy:

If you fail to cancel your evaluation appointment at least 24 hours in advance, or you miss the appointment, it is your responsibility to call the clinic and reschedule. You will be placed at the bottom of the evaluation waitlist.

Treatment Cancellation and No Show Policy:

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

Excessive Cancellations and No Shows Policy:

Excessive cancellations and no shows will not be allowed. We ask that you make every effort to schedule doctor's appointments and vacations around the treatment schedule for the semester. If cancellations and no shows become excessive, one of the following may result:

1. Forfeiture of priority therapy times in future semesters
2. Movement of the client to the end of the waiting list for future services
3. Termination of services

Excessive cancellations and no shows are defined as follows:

- Fall and Spring Semesters:
 - For 1x/week treatment = Missing more than 2 of the 12 sessions for the semester
 - For 2x/week treatment = Missing more than 4 of the 24 sessions for the semester
- Summer Semester:
 - For 1x/week treatment = Missing more than 1 of the 8 sessions for the semester
 - For 2x/week treatment = Missing more than 2 of the 16 sessions for the semester
- When the Speech and Hearing Center cancels a treatment session, you will be offered a make-up session.
- When you cancel or no show for a treatment session, The Speech and Hearing Center may offer a make-up session.

Clinic Closings:

The Speech and Hearing Center does not observe many of the holidays and in-service days on the Tuscaloosa City Schools and Tuscaloosa County Schools calendars. Our clinic closes for the following holidays only:

- | | |
|----------------------------|------------------|
| Martin Luther King Jr. Day | Labor Day |
| Spring Break | Thanksgiving Day |
| Memorial Day | Christmas Break |
| Fourth of July | |
- Inclement Weather - The Speech and Hearing Center follows the Tuscaloosa City Schools for weather delays, early weather dismissals, and weather closings.

Client Name (print): _____ Date of Birth _____
Signature of Person Financially Responsible for Client: _____
Relationship to Client: _____
Date: _____

Appendix XIII: ASHA Code of Ethics

Preamble

The American Speech-Language-Hearing Association (ASHA; hereafter, also known as “the Association”) has been committed to a framework of common principles and standards of practice since ASHA’s inception in 1925. This commitment was formalized in 1952 as the Association’s first Code of Ethics. This code has been modified and adapted to reflect the current state of practice and to address evolving issues within the professions.

The ASHA Code of Ethics reflects professional values and expectations for scientific and clinical practice. It is based on principles of duty, accountability, fairness, and responsibility and is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions. The Code of Ethics is a framework and a guide for professionals in support of day-to-day decision making related to professional conduct.

The Code of Ethics is obligatory and disciplinary as well as aspirational and descriptive in that it defines the professional’s role. It is an integral educational resource regarding ethical principles and standards that are expected of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

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

- a member of ASHA holding the Certificate of Clinical Competence
- a member of ASHA not holding the Certificate of Clinical Competence
- a nonmember of ASHA holding the Certificate of Clinical Competence
- an applicant for ASHA certification or for ASHA membership and certification

ASHA members who provide clinical services must hold the Certificate of Clinical Competence and must abide by the Code of Ethics. By holding ASHA certification and/or membership, or through application for such, all individuals are subject to the jurisdiction of the ASHA Board of Ethics for ethics complaint adjudication.

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

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

Principle of Ethics I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities.

Rules of Ethics

- A. Individuals shall provide all clinical services and scientific activities competently.
- B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.
- C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of age; citizenship; disability; ethnicity; gender; gender expression; gender identity; genetic information; national origin, including culture, language, dialect, and accent; race; religion; sex; sexual orientation; or veteran status.
- D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, students, research assistants, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.
- E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified audiologist or speech-language pathologist.
- F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, or any nonprofessionals over whom they have supervisory responsibility.
- G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified audiologist or speech-language pathologist.
- H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a legally authorized/appointed representative.
- I. Individuals shall enroll and include persons as participants in research or teaching demonstrations/simulations only if participation is voluntary, without coercion, and with informed consent.
- J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research, including humane treatment of animals involved in research.
- K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
- L. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.
- M. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.

- N. Individuals who hold the Certificate of Clinical Competence may provide services via telepractice consistent with professional standards and state and federal regulations, but they shall not provide clinical services solely by written communication.
- O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is legally authorized or required by law.
- P. Individuals shall protect the confidentiality of information about persons served professionally or participants involved in research and scholarly activities. Disclosure of confidential information shall be allowed only when doing so is legally authorized or required by law.
- Q. Individuals shall maintain timely records; shall accurately record and bill for services provided and products dispensed; and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.
- R. Individuals shall not allow personal hardships, psychosocial distress, substance use/misuse, or physical or mental health conditions to interfere with their duty to provide professional services with reasonable skill and safety. Individuals whose professional practice is adversely affected by any of the above-listed factors should seek professional assistance regarding whether their professional responsibilities should be limited or suspended.
- S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if such a mechanism exists and, when appropriate, externally to the applicable professional licensing authority or board, other professional regulatory body, or professional association.
- T. Individuals shall give reasonable notice to ensure continuity of care and shall provide information about alternatives for care in the event that they can no longer provide professional services.

Principle of Ethics II

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

Rules of Ethics

- A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.
- B. ASHA members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may provide clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.
- C. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.
- D. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research.
- E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.

- F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.
- G. Individuals shall use technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is warranted but not available, an appropriate referral should be made.
- H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

Principle of Ethics III

In their professional role, individuals shall act with honesty and integrity when engaging with the public and shall provide accurate information involving any aspect of the professions.

Rules of Ethics

- A. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly contributions.
- B. Individuals shall avoid engaging in conflicts of interest whereby a personal, professional, financial, or other interest or relationship could influence their objectivity, competence, or effectiveness in performing professional responsibilities. If such conflicts of interest cannot be avoided, proper disclosure and management is required.
- C. Individuals shall not misrepresent diagnostic information, services provided, results of services provided, products dispensed, effects of products dispensed, or research and scholarly activities.
- D. Individuals shall not defraud, scheme to defraud, or engage in any illegal or negligent conduct related to obtaining payment or reimbursement for services, products, research, or grants.
- E. Individuals' statements to the public shall provide accurate information regarding the professions, professional services and products, and research and scholarly activities.
- F. Individuals' statements to the public shall adhere to prevailing professional standards and shall not contain misrepresentations when advertising, announcing, or promoting their professional services, products, or research.
- G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

Principle of Ethics IV

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

Rules of Ethics

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

- B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative directive, referral source, or prescription prevents them from keeping the welfare of persons served paramount.
- C. Individuals' statements to colleagues about professional services, products, or research results shall adhere to prevailing professional standards and shall contain no misrepresentations.
- D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- E. Individuals shall not engage in dishonesty, negligence, deceit, or misrepresentation.
- F. Individuals who mentor Clinical Fellows, act as a preceptor to audiology externs, or supervise undergraduate or graduate students, assistants, or other staff shall provide appropriate supervision and shall comply—fully and in a timely manner—with all ASHA certification and supervisory requirements.
- G. Applicants for certification or membership, and individuals making disclosures, shall not make false statements and shall complete all application and disclosure materials honestly and without omission.
- H. Individuals shall not engage in any form of harassment or power abuse.
- I. Individuals shall not engage in sexual activities with persons over whom they exercise professional authority or power, including persons receiving services, other than those with whom an ongoing consensual relationship existed prior to the date on which the professional relationship began.
- J. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
- K. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- L. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.
- M. Individuals shall not discriminate in their relationships with colleagues, members of other professions, or individuals under their supervision on the basis of age; citizenship; disability; ethnicity; gender; gender expression; gender identity; genetic information; national origin, including culture, language, dialect, and accent; race; religion; sex; sexual orientation; socioeconomic status; or veteran status.
- N. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to either work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.
- O. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.
- P. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
- Q. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.
- R. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.

- S. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice and to the responsible conduct of research.
- T. Individuals who have been convicted of, been found guilty of, or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another or (2) any felony shall self-report by notifying the ASHA Ethics Office in writing within 60 days of the conviction, plea, or finding of guilt. Individuals shall also provide a copy of the conviction, plea, or nolo contendere record with their self-report notification, and any other court documents as reasonably requested by the ASHA Ethics Office.
- U. Individuals who have (1) been publicly disciplined or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body; or (2) voluntarily relinquished or surrendered their license, certification, or registration with any such body while under investigation for alleged unprofessional or improper conduct shall self-report by notifying the ASHA Ethics Office in writing within 60 days of the final action or disposition. Individuals shall also provide a copy of the final action, sanction, or disposition—with their self-report notification—to the ASHA Ethics Office.

American Speech-Language-Hearing Association. (2023). *Code of ethics* [Ethics]. Available from www.asha.org/policy/.

Appendix XIV: Graduate Assistantship Positions

About Assistantships

- All graduate assistantship appointments provide a half tuition waiver for up to 10 hours, a monthly stipend, and health care coverage for the semester you are employed.
- All other fees (college/course fees, etc.) remain the responsibility of the graduate assistant.
- If an appointment is made after the beginning of the semester, the tuition waiver will be prorated based on the number of weeks remaining in the semester.
- If an assistant resigns, is dismissed, or is otherwise unable to work the required number of hours, the tuition waiver will be prorated based on the amount of time worked.
- While subject to renewal, all assistantships end with the close of university operations for each semester (i.e, fall and spring). Graduate assistants do not work during the summer months.
- The application must be complete, signed, and dated in order to be considered valid.

Requirements

Students seeking assistantships are required to meet these criteria:

- fully accepted into a master's degree program by the Graduate School
- full-time student and carry a minimum of 9 graduate credit hours per semester to be considered for employment
- available to work 10 hours each week during assigned semester
- Students who are in an out of area clinical placement and unable to be present on campus for 10 hours each week during their final semester may forfeit the position.
- academically qualified for the proposed assistantship position

University of Alabama

Tuscaloosa, Alabama

Credit Hour Definition/Policy

[As of: 4/25/2013]

Purpose.

The purpose of this policy is to guide the determination of credit hours to be awarded for course work in all University of Alabama degree programs in accordance with the Federal Definition of a Credit Hour and the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) Credit Hours Policy Statement. For a detailed description of the Federal Definition of a Credit Hour and the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) Credit Hours Policy, please see Appendix #1.

Implementation Date.

06/01/2013

Policy.

The University of Alabama will normally grant one semester hour of credit for the learning outcomes expected upon the satisfactory completion of approximately fifteen 50 minute sessions of direct faculty instruction /examination or equivalent form of assessment in the typical fall and spring semesters.

Colleges may award credit for the any of the following reasons:

1. Experiencing one hour [50 minutes] of class attendance/faculty instruction/examination or equivalent form of assessment per week.
2. Performing the equivalent amount of work over a different period of time.
3. Demonstrating evidence of achievement, represented in intended learning outcomes, that is equal to the amount of work that is equivalent to experiencing one hour of class attendance or faculty instruction per week, for 15 weeks, etc.

Instruction may take place in a variety of modes appropriate to the discipline. This basic measure may be adjusted proportionately to reflect modified academic calendars, standard calendar variations from one term to another, formats of study, and exigencies, e.g., severe weather, etc.

Underlying this statement is the assumption that each 50 minute session requires the average student to spend twice as much time outside of class reviewing the material presented in class, preparing for upcoming classes, completing homework assignments,

studying for quizzes and exams, and other tasks which verify evidence of student achievement and mastery of the course materials. More specifically,

1. A 1-credit hour class will *approximate* 750 minutes of instruction/examination per semester.
2. A 2-credit hour class will *approximate* 1,500 minutes of instruction/examination per semester.
3. A 3-credit hour class will *approximate* 2,250 minutes of instruction/examination per semester.
4. A 4-credit hour course will *approximate* 3,000 minutes of instruction/ examination per semester.

Other Instructional Modes

One semester credit hour may be granted for manifold modes of instruction:

1. Activity supervised as a group (laboratory, field trip, practicum, workshop, and group studio). The semester credit hours awarded vary depending on the amount of outside work required. When substantial outside work is required for each two hour block of laboratory per week, one semester hour of credit is awarded. Group activity requiring little outside work may require three or four hours of laboratory each week for each semester credit hour awarded.
2. Supervised individual activity (independent study, individual studio, tutorial).
3. Full-time independent study (student teaching, practicum, internship).
If a student's academic activity is essentially full-time (as in student teaching), one semester credit hour may be awarded for each week of work.
4. Experiential learning. One semester hour of credit may be awarded for each 40-45 hour week of activity that provides the learning considered necessary to the program of study.
5. Credit by examination. Semester credit hours may be awarded for mastery demonstrated through examination.
6. Short sessions (Interim Terms, Summer Terms (five and ten week), Weekend College, etc.). When credit hours are awarded for courses taught during a Part-of-Term, the learning outcomes expected must be the same as are expected for the same course taught during the fall or spring semester.

Online and Hybrid Instruction (Asynchronous).

1. Courses offered using alternative forms of delivery [online, intensive, or a hybrid] shall be planned to enable students to achieve the equivalent student learning outcomes as courses offered in the traditional instructor led format in classrooms on main campus.
2. For each credit hour awarded, students should be spending approximately one hour (50 minutes) in contact with the instructor and two hours (100 minutes) of course

work outside of class per week over the equivalent of a 15-week semester [including examinations or equivalent forms of assessment].

3. "Hours outside of class" include advance/daily readings, writing, participation in online discussions, studying, reflection projects, final papers, etc... **Caution:** Intensive classes typically meet for four, five, or eight hours per day, five days a week. Consequently, for students in a an intensive course, depending on the length of the instructional day, students cannot be expected to spend 10+ hours per day studying outside of class.
4. For these courses the credit hour definition does not emphasize the concept of "seat time" as the primary metric for determining the amount of student work.
 - a. Credit hours may be assigned for an amount of work represented by verifiable student documentation of the amount of work a typical student is expected to complete within a specified amount of academically engaged time,
 - b. Or on the basis of documented student learning calibrated to that amount of academically engaged time for a typical student.

Out-of-Class Coursework.

In order to be successful, the average student will be expected to prepare for each class by engaging in a minimum of two hours of out-of-class work / week for each credit hour earned. Toward this end, students are expected to have completed the required assignments and reviewed previous lecture material in addition to completing any of the alternative forms of out-of-class work deemed appropriate by the instructor (term paper, lab work, problem sets, discussion questions, interviews, etc.).

Equivalent Coursework.

Consistent with the federal definition of a credit hour, it is acceptable to replace sessions of equivalent instruction and- /-or examination with alternative forms of coursework (e.g., laboratory work, practicums, out-of-class assignments and projects, assigned readings, problem sets, discussion questions, service learning experiences, a "capstone" project, etc.).

Procedures for Implementation.

Designated Personnel Responsible for Implementation.

The primary responsibility for ensuring compliance with the UA Credit Hour Policy is the faculty, Academic Department Chairs, and designated Assistant/Associate Deans within each college or school under the supervision of the respective academic dean. When a course is first proposed or a change to an existing course is submitted, via the Course Inventory Management Process, the Department Chair reviews the course syllabus and affirms that the appropriate credit hours have been assigned for the work to be completed both in class and outside of class. The syllabus should be descriptive enough that it may serve as evidentiary confirmation the course meets the UA Credit Hour Definition/Policy.

The syllabus is subsequently submitted to the Office of the Vice Provost for Academic Affairs for undergraduate courses and the Graduate School for graduate courses for final approval. This review process will affirm that the course is planned to be in compliance with the credit hour definition/policy.

“Active” courses in the on-line course inventory are expected to be in compliance with the credit hour definition/policy. These will be reviewed on a continuing five year schedule.

Each year each academic department, using the University’s on-line planning and assessment tool, will include an outcome for the assessment of their respective faculty’s compliance of this Credit Hour Definition/Policy. For Fall and Spring terms of the academic year, each academic department Chair will randomly select one course in each Program of Study for a comprehensive, compliance determination.

Means By Which Institutional Constituents Are Informed Of The Policy and Procedures It Entails.

The Dean will distribute copies of the policy and procedures to their chairs and faculty within their schools and colleges and discuss and answer related questions.

Process of Amending and Approving the Credit Hour Policy Or Implementation Procedures.

The Council of Deans in consultation with the Faculty Senate will consider and approve changes in the policy and its implementation.

Is Compliance with Procedures Mandatory? Yes.

APPENDIX #1

The Federal Definition of a credit hour is:

“A credit hour is an amount of work represented in intended learning outcomes and verified by evidence of student achievement that is an institutionally established equivalency that reasonable approximates

1. not less than one hour of classroom or direct faculty instruction and a minimum of two hours of out-of-class student work each week for approximately fifteen weeks for one semester, or trimester hour of credit, or ten to twelve weeks for one quarter hour of credit, or the equivalent amount of work over a different amount of time, or
2. at least an equivalent amount of work as required outlined in item 1 above for other academic activities as established by the institution including laboratory work, internships, practica, studio work, and other academic work leading to the award of credit hours.”

According to the federal guidelines, each institution is responsible for determining the credit hours awarded for coursework in its programs in accordance with the definition of a credit hour for federal program purposes. It is important to note that there is no requirement that a credit hour exactly duplicate the amount of work cited in the definition above. Rather, the requirement is that a credit hour reasonably approximates the minimum amount of work. This definition does not dictate particular amounts of classroom time versus out-of-class student work. In determining the amount of work the institution’s learning outcomes will entail, the institution may take into consideration alternative delivery methods, measures of student work, academic calendars disciplines and degree levels. (Reference: Department of Education Dear Colleague Letter issuing Guidance to Institutions and Accrediting Agencies Regarding a Credit Hours as Defined in the Final Regulations Published on October 29, 2010.)

The federal credit hour definition does not emphasize the concept of “seat time” (time in class) as the primary metric for determining the amount of student work for federal purposes. Institutions may assign credit hours to courses for an amount of work represented by verifiable student achievement of institutionally established learning outcomes. Credits may be awarded on the basis of documentation of the amount of work a typical student is expected to complete within a specified amount of academically engaged time or on the basis of documented student learning calibrated to the amount of academically engaged time for the typical student. (Reference: Department of Education Dear Colleague Letter issuing Guidance to Institutions and Accrediting Agencies Regarding a Credit Hour as Defined in the Final Regulations Published on October 29, 2010.)