

2015-16



JUDD LEIGHTON SPEECH AND LANGUAGE  
CLINIC HANDBOOK

  
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MARY'S  
COLLEGE  
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Communicative Sciences & Disorders

2015-16





# JUDD LEIGHTON SPEECH AND LANGUAGE CLINIC HANDBOOK

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### **Mission Statement**

The Mission of the Department of Communicative Sciences and Disorders is to provide high-quality preparation to undergraduate and graduate students seeking careers in working with individuals who have speech, language and hearing disorders, and their families. Our graduates will be guided by principles of evidence-based practice and will work in collaboration with other professionals, adhering to the highest ethical standards in serving the needs of our diverse community.

### **Goal of the Graduate Program in Speech Pathology**

The goal of the Master of Science degree program is to educate highly competent speech-language pathologists who are dedicated to the service of persons from infancy to maturity with communication and swallowing disabilities, and who are capable of interacting effectively in a variety of employment settings, such as public schools, clinics, hospitals, rehabilitation centers, special education facilities, and in private practice. This goal is achieved through a curriculum integrating academic rigor, innovative use of technology for teaching and learning, promotion of research activities and comprehensive clinical education.

### **Introduction**

The Clinic Handbook is intended to assist the student, faculty and staff in understanding the clinical requirements, policies and procedures needed to participate in campus-based clinical practicum opportunities of their education.

### **Equal Opportunity Policy**

Saint Mary's College does not discriminate on the basis of race, gender, sexual orientation, color, national origin, religion, age, or disability in the recruitment and admission of students. This nondiscriminatory policy also applies to all the rights, privileges, programs, and activities generally accorded or made available to students at the College, and to the administration of educational policies, scholarships and loan programs, student employment and other College-administered programs.

The Saint Mary's Judd Leighton Clinic does not discriminate in the delivery of professional services on the basis of race, color, religion, national or ethnic origin, disability, age, sexual orientation, genetic information, citizenship or status as a covered veteran; or other characteristics protected by federal, state or local statute or ordinance.

Questions pertaining to discrimination may be directed to:  
Clinic or Program Director  
Department of Communicative Sciences and Disorders

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34 Madeleva Hall, Ste. 150  
Saint Mary's College  
Notre Dame, IN 46556

Or

American Speech-Language-Hearing Association,  
Council on Academic Accreditation  
ASHA National Office  
2200 Research Boulevard  
Rockville, MD 20850-3289  
USA  
Members: 800-498-2071  
Non-Member: 800-638-8255  
<http://www.asha.org/about/contacts/>

Further information can be obtained from the Office of Civil Rights website:  
<http://www.state.gov/s/ocr/>

### **Council on Academic Accreditation in Audiology and Speech-Language Pathology**

The Master of Science program in Speech-Language Pathology at Saint Mary's College is a Candidate for Accreditation by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association, 2200 Research Boulevard #310, Rockville, Maryland 20850, 800-498-2071 or 301-296-5700. Candidacy is a "pre-accreditation" status with the CAA, awarded to developing or emerging programs for a maximum period of five years.

# Clinic Handbook

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### **Clinic Calendar and Cancellation Policy**

The Clinic calendar lists the beginning and ending dates of practicum, required meeting dates, holidays and due dates for paperwork for the academic year. Copies of the specific details for client appointments will be made available. The Clinic schedule follows the Saint Mary's College academic calendar. The Clinic will be closed if Saint Mary's College is closed for any reason. Clinicians are encouraged to listen to local radio/TV stations for weather-related closings. Because some of our clients travel from distances beyond the South Bend region, clinicians are asked to call clients if the clinic is cancelled to prevent a client from traveling to the clinic unnecessarily. In addition, clinicians are asked to update their contact information so that the Clinic's Administrative Assistant can inform clinicians regarding appointment cancellations.

Student clinicians meet with their clients for all scheduled therapy sessions. If sessions are missed because of illness or other excused absences, the clinician should reschedule the client for make-up sessions with the assistance of their clinical instructors (CI). An excused absence is defined as a clearly unavoidable absence due to illness of the student clinician as documented by a healthcare provider, death in the student clinician's immediate family or similar traumatic events. Vacations, persistent car trouble, and social events are not considered excused absences. Student clinicians should discuss any special needs for clinic release or scheduling with their clinical instructors.

In the event of illness or emergency, the student clinician will make every effort to notify the clinical instructor, who will tell the student clinician whether to call the client to cancel therapy or make other arrangements. If the clinical instructor or clinic director cannot be reached immediately, the student clinician must contact the Clinic Administrative Assistant who will contact the client. If the clinical instructor decides to cancel a session, they will contact the client or responsible caregiver.

Clients are requested to notify the Clinic to cancel appointments. The Clinic Administrative Assistant will be available by phone and will check voice messages throughout the day. A client who is absent more than two times in the semester may jeopardize the positive impact that treatment could have on their communication skills and the student clinician's potential for accumulating the required minimum number of clinical hours. When a client's attendance is not reliable, the clinical instructor will contact the client and explain the importance of regular attendance. If additional absences occur, the Clinic Director will make a decision regarding the termination of services for a client. When there have been two no show and no call appointments in one semester the client may be terminated from therapy, at the discretion of the clinic director. In this case an alternative assignment for the student clinician will be made.

### **Client Fees and Billing Procedures**

Fees are charged for services provided by the Clinic. The Clinic Administrative Assistant handles all billing and payments. Clients pay a nominal fee for services at the time service is rendered for audiological assessments. The Clinic Director will work with clients if payment of established fees

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(per initial interview) becomes difficult for the client. Every reasonable effort will be made to remedy the situation.

### **Referral**

Referrals to the speech language therapy program at the Clinic can be made by family members, physicians, other professionals or they can be self-referrals.

#### *Procedure:*

Referrals are taken in person, over the telephone, through a fax or through postal or electronic mail.

Referral information obtained includes:

Name of client

Address

Telephone and cell phone numbers

    Email address (optional)

Name of responsible party

Nature of concern

Services being sought

Referral source

A staff person receiving the referral will send out the clinic intake form applicable to the referred party (i.e. child or adult). The Clinic Director is informed regarding new referrals. All information is held in the strictest confidence level. See Appendices

#### *Intake*

An intake form will be sent out to the client and/or the responsible party to be completed and returned prior to the first appointment. This allows the clinic staff to get pertinent information prior to beginning an evaluation/assessment.

#### *Procedure:*

The assigned student clinician and clinical instructor will review intake information and use it to formulate questions for the initial interview.

There are two forms, one for pediatric clients and one for adult clients. The pediatric form is sent for those 17 years old and younger.

Upon receipt of the intake form the data will be entered and or scanned into the Electronic Health Record system. All such paperwork is kept in the client's working file until it has been reviewed, processed and scanned/entered. At that time it will be shredded by clinic staff. See Appendices.

### **Registration Procedures and Forms**

Registration of the client will be completed upon receipt of the intake form and must be done prior to beginning a treatment session or evaluation.

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### *Procedure:*

The client is entered into the Electronic Health Record (EHR) program by the clinic administrative assistant or designee.

Information required to complete registration is initially obtained at the time of the referral.

An appointment will be scheduled with the client or representative.

The hard (paper) copy of the intake is retained in a working file but will be scanned into Electronic Health Record by the clinic administrative assistant or her designee following admission into the program.

For the first appointment the clinic administrative assistant will give the client or representative the privacy notice and request that the client or representative sign the acceptance form. The date of signing of the privacy form will be entered into the electronic medical record.

Registration is completed by the clinic staff.

Forms (see appendices) to be completed during the initial meeting with the client or representative are:

- Privacy Notification and Equal Opportunity Policy form
- Consent to Treat
- Waiver and Limit of Liability
- Permission to Accompany Minor Child (if appropriate)
- Emergency Waiver
- Permission to Release Information/ Permission to obtain information
- Client Attendance form

### **Scheduling of Clients /Setting Appointments**

All appointments are set taking into account the type of appointment (evaluation or intervention), the time and day of the week available and desired by the client or responsible party, and the availability of clinical staff.

#### *Procedure:*

Evaluations may be scheduled separately from the therapy session or may be completed at the time of the initial session.

Initial evaluations may take from one to three hours (or more), but may be scheduled over two different days if needed.

Therapy sessions can be scheduled individually, in groups, one day a week, multiple days per week, extended time on a single day and for periods of time as determined by need based on the Plan of Treatment recommended during the initial evaluation.

Specific time and day requests cannot always be accommodated but all effort will be made to do so as time and schedules permit.

Clinic sessions will not be scheduled during breaks in the Graduate School schedule. Typically a semester clinic program will run for 12- 15 weeks at a time.

Scheduled appointments are entered into Electronic Health Record and a paper schedule is kept as backup in the Clinic Director's office.

There are two types of initial appointments:

### *Diagnostic appointment*

1. The diagnostic appointment is a set appointment time that is solely for the purpose of a diagnostic session. Evaluations are complex and require coordination of services as well as extra times to complete diagnostic testing.

### *Standing appointment*

1. These appointments occur on the day that the client is first scheduled to be seen and will remain the same for the foreseeable future. These sessions routinely begin with an assessment using both informal and formal measures. They are typically done by the student clinician who will be working with that particular client that semester. All subsequent sessions are treatment sessions.
2. Therapy appointments are also arranged for clients who have been seen for a diagnostic evaluation. These appointments do not begin with formal testing, although there is often a need for re-assessment at the time of this appointment if the initial diagnostic session was completed over 3 months earlier. These appointments will also be set up on a recurring time frame.
3. All standing appointments will be for a specified time but may vary from client to client. Appointments will be set up based upon several factors including clinical need, client availability, and accessibility in the clinic schedule.
4. All effort is made to accommodate the needs of our clients but there are times when this is not possible. In this situation a compromise may be needed by one or both parties involved.

## **Ethical Responsibility**

All clinical students (including student observers), faculty/staff, and adjunct faculty are to conduct themselves according to the Code of Ethics of the American Speech-Language-Hearing Association (ASHA). Students must demonstrate responsibility and respect for clients and their significant others. Likewise, the student must develop the same characteristics toward self and clinical personnel. Evaluation and treatment are under the direct supervision and approval of the assigned clinical instructor. Utilization of every resource is necessary to develop and provide the most effective therapeutic services. All clients and their significant others must be informed of the results of the evaluation, the nature of the disorder, recommendation for treatment, and prognosis for improvement. Likewise, ongoing treatment assessment results must be reviewed to determine treatment effectiveness and efficiency. Students must demonstrate responsibility through maintenance of accurate and precise client records. Professional discretion and confidentiality of client information must be maintained at all times. It is the responsibility of student clinicians to facilitate a confidential environment for open and uninterrupted discussion. Both written and verbal client information will be handled with respect and confidentiality. See Code of Ethics in the appendices and at [www.asha.org](http://www.asha.org).

## **Confidentiality**

The Judd Leighton Speech and Language Clinic (JLSLC) will assure the confidentiality and privacy of its clients, staff and students. The Clinic will follow these guidelines as outlined in the Healthcare Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA.)

### *Procedures:*

All client information will be treated with the highest level of confidentiality.

All students, staff and faculty must attend a confidentiality in-service on a regular basis (at least annually). This in-service will focus on HIPAA but also address Health Information Technology for Economic and Clinical Health (HITECH) and FERPA rules and regulations.

At the beginning of each initial visit the client or his/her representative will be asked to sign the "Consent to Treat Form."

The Notification of HIPAA privacy policies will be given to the client or representative at the beginning of the first session and a receipt will be placed in the working file. This will be noted in the Electronic Health Record and scanned into the system by the end of the semester.

Release of Information forms for both the release of information to other entities by the JLSLC and for other entities to release information to the JLSLC must be obtained prior to exchanging any Protected Health Information (PHI.) These will be scanned into the Electronic Health Record System.

Access to the Electronic Health Record is limited to those students, faculty or staff who need access in order to complete tasks related to their roles in the JLSLC.

## **Privacy**

It is the policy of Saint Mary's JLSLC to provide a summary of its privacy policy in a written format to all clients or their representatives.

### *Procedure:*

The client or representative will be asked to sign an acknowledgement of receipt of the privacy notification notice and are entitled to the complete privacy policy booklet by either hard copy or e-form.

The notification is given to the client or representative and a signed receipt is kept for the EHR to be scanned into the record and documented in the record the date received.

There is a hard copy of the Privacy Policy kept at the front desk for client's review. A copy can be printed at the request of the client or representative.

## **Consent to Treat**

It is the policy of the JLSLC to obtain a signed written consent form that allows observation, audio and videotaping and photographing.

*Procedure:*

This form is presented to the client at the time of the initial session.

A copy is provided to the client or representative.

The form is scanned into the EHR by the end of the first term of attendance by the client.

**Limitation and Waiver of Liability**

It is the policy of the JLSLC to obtain a signed Limitation & Waiver of Liability form from a client or the responsible party before providing any clinical services to said client.

*Procedure:*

This form is presented to the client at the time of the initial session.

The form is scanned into the EHR by the end of the first term of attendance by the client.

**Permission to Accompany Minor Child**

It is the policy of the JLSLC to obtain written permission from a minor child's parent or guardian before permitting a Saint Mary's Student to accompany a child between the clinic and ECDC-SMC.

*Procedure:*

This form is presented to the client or representative at the time of the initial session.

The form is scanned into the EHR by the end of the first term of attendance by the client.

**Emergency Waiver**

It is the policy of the JLSLC to obtain a written waiver to allow Saint Mary's staff to obtain emergency medical treatment in the event that a responsible party is unavailable or unable to respond.

*Procedure:*

This form is presented to the client or representative at the time of the initial session.

The form is scanned into the EHR by the end of the first term of attendance by the client.

**Permission to Release Information and Permission to Obtain Information**

It is the policy of the JLSLC to obtain an authorization for release of information both for an outside agency and to the JLSLC of Saint Mary's College.

*Procedure:*

This form is presented to the client or representative at the time of the initial session.

The form is scanned into the EHR by the end of the first term of attendance by the client.

## Client Attendance

Clients are expected to attend scheduled appointments at the designated day and time. After two absences due to failure to show (without a call to cancel) the client will not be eligible for admission into the program in the next semester. Three or more excused absences in a semester can also result in loss of admission to the program the next semester, at the discretion of the Clinical Director.

### *Procedure:*

This form is presented to the client or representative at the time of the initial session.

The form is scanned into the EHR by the end of the first term of attendance by the client.

## Clinical Procedures and Documentation

All Clients admitted into the JLSLC will have the following clinical documentation completed in the electronic medical record (i.e. Mediat):

- Initial assessment/diagnostic report (Adult or Pediatric)
- Comprehensive Treatment Plan
- Treatment Plan/Progress Notes
- Comprehensive Treatment Summary
- Session attendance log

### *Procedure:*

***Initial assessment/diagnostic report (Adult or Pediatric):*** At the time of the initial meeting with the client a full diagnostic evaluation or focused assessment/evaluation may be completed. A focused assessment is typically done for an ongoing client on an annual basis or for a new client at the time of the first meeting.

A pure tones hearing screening should be completed, if possible, during the first assessment session(s) and then as needed.

A full diagnostic evaluation is more intensive; requiring larger blocks of time, more visits and is on a separate day from the standing appointments.

***Comprehensive Treatment Plan:*** Following the initial evaluation the clinician will complete a Comprehensive Treatment Plan. This Treatment plan is similar to a 'road map' of the intervention recommended for that client. A few of its components are the long-term goals, target behaviors, and short term objectives.

***Treatment Plan/Progress Notes:*** For each session a combination Treatment Plan/Progress note is to be completed. This note will include a Subjective, Objective, Assessment, Plan (i.e. SOAP note format.) The SOAP note contains a brief history, subjective statement, objective part with the long term goal(s) and short term objectives, procedures and results, an assessment section, and plan section. This must be done on the day of treatment in order to have the correct visit date in the chart.

The attendance log is also completed at the end of each session.

The Progress note portion of the note is completed immediately following therapy.

**Comprehensive Treatment Summary:** At the end of each semester, or every 3-4 months a Comprehensive Treatment Summary is completed. In this document initial targets and final targets will be addressed. Recommendations for further intervention may also be made in this document. When a client is discharged the format of the Comprehensive Treatment Summary is followed, although the information is much more comprehensive, reviewing the clinical process and results up to the date of discharge for that particular client. The introduction to this will state: Discharge Summary.

**Session attendance log:** All sessions attended by the client will be entered on the attendance form by the student clinician in Mediat following the session or at the time of the session if the client or clinician was late or absent.

**Procedure:**

- Fill in the client's identifying information.
- Click on the attendance record in the CSDC templates, under progress note section of EHR.
- Enter the semester of the session.
- Enter the year of the session.
- Enter the length of the session in minutes.
- Mark an 'A' if the client was absent and reason (I=ill, S=schedule conflict, O=other). Note if session was re-scheduled = R or not rescheduled = NR. Note the specific reason at the bottom of the page.
- Mark a 'C' if clinician was absent, with the reason and whether the session was re-scheduled = R, or not rescheduled = NR. Note the reason at the bottom of the page (give date and reason)
- Route to CI in EHR

### **Orientation to Mediat: Electronic Health Record (EHR)**

An orientation to the Mediat system will take place during Graduate Program orientation week or the first week of class.

Mediat is the electronic health record management system used at the JLSLC. Each student will be given a unique username and password. They will be assigned as a rendering clinician. Clinical instructors are the billing clinicians. The student clinician will enter all paperwork into this data base. **Students never sign or lock the reports.** This is done only by the CI's. All notes are put in the system the day of the service provision.

**Procedure:**

Mediat instructions for logging in are as follows:

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Click on **START**, point to **All Programs**, and then point to **Accessories**.

In Accessories menu, point to **Communications**, and then click on the **Remote Desktop Connection**. On some computers this may be a direct option on the START menu.

Make sure the computer is: 107.mediatconnect.com

The username is: MCT-SAAS\1108\_\_\_\_\_ (your first initial and last name)



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Click on the **Connect** button

Enter your credentials screen

Username: (e.g. 1108jdoe)—MCT-SAAS\1108 \_\_\_\_\_

Password: (enter one assigned; do not change unless instructed to do so)

**\*\*\*DO NOT SAVE OR REMEMBER CREDENTIALS—EVER\*\*\***

You will be asked to log in again.

Main page pops up

Click on appointments to check schedule.

Click on ELECTRONIC HEALTH RECORD (EHR) to go directly to the medical record in order to document on your client

To find client quickly, put in the client number or enter the first three letters of the last name-space-enter first initial (e.g. doe j); click on the binoculars or push Enter key

***Make SURE the NAME is the ONE YOU WANT.*** You should not have access to any client except those assigned. It is your responsibility to confirm that you have the right client.

Periodic audits will be done to assure that everyone is following the best practices for privacy purposes.

Click on the new note section (to the left), specifically progress note area. The progress note area will appear and several template choices will be listed (mid screen). Click on, “CSDC Treatment Plan with Progress Note.” The attendance log is accessed here.

Treatment plans will initially be done just prior to the first session. For the treatment plan you will have to complete: Brief history, Long Term Goals and Short Term Objectives, including the Procedures/Methods, sections.

Submit.

After each session and before drafting the note, make sure that you have put in the diagnostic groups and treatment sets. After all subsequent sessions, again open a new progress note and click on the progress note template. Open a note and click on load favorites.

Draft before closing the chart.

Following the session open the **EHR** again.

Make sure the note is routed to your CI.

Complete or update the following progress note sections.

**Save as favorite and submit.**

Review the Brief history information and **add any updates, including new diagnoses, medications and surgeries.**

Update any areas that are needed. These are typically the Subjective, Results (i.e. Objective), Assessment and Plan sections. This is also the time to add any new or modified goals that were identified in the Plan section of the previous note.

Once the note is completed with appropriate changes, save as a favorite.

Submit.

Draft and close

The Evaluation, Comprehensive Treatment Plan, and Comprehensive Treatment Summary forms are completed once per term. These documents are in the forms section of the EHR.

Once in the EHR, route the note to the CI (top of page).

Once the note is open, complete all headings for that note.

Submit.

Save and close. Do not sign and lock.

### **Protected Health Information (PHI) Unusual Occurrence**

It is JLSLC policy to document the occurrence of confidentiality disclosures of private information and significant breaches of HIPAA /FERPA designated records.

#### *Procedure:*

Follow up and disclosure of remedies, if any, will be documented in the 'Privacy Incident Report' by the Clinical Director or designee. Affected clients or students will be contacted and made aware of the occurrence in the cases of breaches of the client's record. Significant breaches of private information will be reported to the Office of Civil Rights (OCR) per their guidelines. Definition of significant and reportable breaches shall be as outlined on the OCR website:

<http://www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/index.html>

In the case of a possible occurrence of breach of privacy the incident should be reported both verbally to the Clinic Director and on the privacy incident report form. The form is sent to the Clinic Director who is responsible for following up with the student, faculty or staff to determine if the breach was inadvertent and/or if it rises to the level of a reportable offense.

If a reportable offense is suspected, then the Clinic Director notifies the Program Director and the college's legal counsel to determine needed action.

Close the Mediat portal when you leave the computer.

The computers in the clinic work room are for clinic business only. Printing of any clinical reports must be authorized by the clinic instructor and removed immediately from the printer.

### **Working Files**

Temporary working files are used to keep materials necessary for the day to day work of the clinician with a particular client. The official clinic record is kept on the Electronic Health Record system.

#### *Procedure:*

Any pertinent forms that are deemed part of the clinical record will be scanned into the Electronic Health Record system by the end of the semester. These include, but are not limited to, release forms, HIPAA forms, and the Summary sheet of a test protocol and/or the first page of the test protocol. Any items not to be scanned into Electronic Health Record should be recycled if no Protected Health Information (PHI) is present or shredded if PHI is present.

Request for a working file may be made to the Clinic Director or CI.

The administrative assistant or other staff will make a working file with the client's name and Electronic Health Record number.

These files are to be locked in a file cabinet in the Clinic Directors office when not in use.

The working file is to remain in the custody of the student clinician or CI at all times that it is in use. Care is to be taken to guard the confidentiality of any documents kept in this file.

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At the end of the semester the pertinent contents of the file will be scanned into the Electronic Health Record (EHR). If the client is returning in a following semester then certain materials helpful to the next clinician, but not part of EHR, may be left in the file and kept in the clinical director's office where it will be locked in a cabinet.

### **Dress Code**

Appropriate professional dress is required for all clinical practicum participants. All Saint Mary's students (including student observers), faculty and staff should be neat and professional in appearance when engaged in any clinical activity. Professional dress and posture contributes to credibility when delivering professional information or services. Professional dress includes the wearing of a name tag. The clinical director reserves the right to require a specific dress style (e.g., Saint Mary's shirt and Khaki pants) while a student clinician is engaged in services provided at JLSLC.

Professional posture includes direct eye contact, pleasant facial expression, composed physical posture, personal hygiene and professional clothing. Students are required to adhere to certain personal standards both for their own safety and the comfort of the client. Jeans, low cut shirts or blouses, and flip-flops are not acceptable. Dangling jewelry is prohibited. Visible tattoos must be covered. Piercings, except in the ear, must be removed or covered. Remember that there are many people with allergies to certain odors or fragrances so do not wear high concentrations of perfume or other scents. Any open lesions must be adequately covered and protected from contamination. If a student clinician is not dressed appropriately, as judged by the Clinic Instructor or Clinic Director, the student will not be allowed to participate in clinic that day and an unexcused absence is accrued.

### **ID-Access to Clinic**

It is the policy of the JLSLC to limit access to the clinic proper to those faculty, staff and students who are required to be in the clinic as a function of their role for that semester. All other persons must check in with the Administrative Assistant or Desk worker and be accompanied back to the clinic.

#### *Procedure:*

Direct access to the clinic is by identification card. Students in clinical practicum and all graduate level students have access to the clinic through the access card reader system. Faculty and staff of the CSD program also have access. All other students must sign in at the front desk and be accompanied back to the clinic. The work room in the clinic is for CSD students in undergraduate clinical practicum or graduate level students. NO other students are to have access to this area for any reason.

How to access the entrances which are equipped with the ID-Access card reader:

1. Slide the card with the magnetic strip facing away from you and the front of the card facing toward you.
2. Initially the indicator light on the card-reader will be red.

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3. The light turns green when access is successful.
4. If the light flashes then the card-reader has not been able to read the card.
5. Reposition the card and try again.
6. After repeated attempts to enter the area without success inform the Administrative Assistant who will contact security.
7. After business hours security may be called for assistance to the person attempting to gain entry. Security phone number: 574-284-5000
8. The ID-Access card will be deactivated: upon graduation, when access to the clinic is no longer necessary, if the person has been removed from the program or if this privilege has been abused.

### Infection Control/Universal Precautions

Standard Infection Control, Universal Precautions will be in use at the JLSLC. These precautions are designed to prevent the transmission of infectious agents. It requires the use of protective apparel and procedure for all contact with blood and body substances through the use of hand washing and gloves. Clients with known airborne pathogens will be asked to refrain from their appointment when actively infectious. The Clinic Director, her designee and/or clinic instructors have the authority to ask a client to leave if any airborne infection is suspected. This excludes those with allergies or the common cold. However, any client with evidence of upper airway infection and/or fever will be asked to leave and to return to the clinic at their next appointment if infection has cleared up. Any client who has been on antibiotic for at least 24 hours may be seen in the clinic, at the discretion of the Clinic Director.

#### *Procedure:*

Hand-washing: Good hand-washing using soap and water or waterless antiseptic before and after each client contact, after using the bathroom, after handling soiled material, and after eating is mandatory for all staff. Wash hands after touching blood, body fluids, secretions, excretions, and contaminated items **whether or not gloves are worn**. It may be necessary to wash hands between tasks and procedures on the same client to avoid cross contamination.

Clients are asked to use waterless antiseptic before and after restroom use and before eating meals to avoid infection.

Gloves: As mandated by the Occupational Safety and Health Administration (OSHA) blood borne pathogens final rule; Gloves should be worn whenever contact with any of the following is expected to occur:

- Blood
- Any body fluids, secretions and excretions *except sweat*, regardless of whether or not they contain visible blood
- Non-intact skin and/or
- Mucous membranes (e.g. the oral cavity).

In addition gloves should be worn even if not explicitly delineated above whenever there is a danger of:

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- A risk of gross contamination of the hands
- The need for special care to avoid contamination of clients during client-care procedures
- Transmission from one client to another
- Handling contaminated items

Wearing gloves and changing them between client contacts DOES NOT replace the need for hand-washing. **Failure to change gloves between client contacts is an infection control hazard.**

Upon completion of a therapy session any materials must be washed and sanitized using warm soapy water, Tables will be wiped down using a disinfecting agent. Chairs will also be cleaned if they were contaminated by bodily fluids.

### Care of Clinic Materials

All materials will be kept in good working condition and replaced as needed.

#### *Procedure:*

All materials are to be used with care. Any material that comes in contact with bodily fluid is to be wiped down with a disinfectant or washed with soap and warm water.

Tables are to be wiped down after each session, whether soiled or not.

The administrative assistant should be notified if supplies are low. **Under no circumstances should the last item be used.**

All tests and therapy materials must be signed out and in using the procedures in place, and replaced in the assigned area once the clinician has finished with it. The student is financially responsible for any lost, damaged, or missing items.

### Unusual Incident or Emergency

In the case of personal injury or unusual occurrence the responsible party will be notified of the incident by the Clinic Director or designee. Appropriate first aid or other safety measures will be instituted as warranted. The Clinical Instructor (CI) or designee will apply any needed first aid and an incident report should be completed by the faculty, staff or clinic instructor who witnessed the incident. The Clinic Director is to be notified of all such occurrences.

#### *Procedure:*

In the case of personal injury or unusual occurrence the CI should be notified to supply first aid and an incident report should be completed. The Clinic Director is to be notified of all such occurrences.

In the case of a significant medical emergency apply first aid as able (all clinic staff and students are to be trained in CPR). Access the emergency medical system and call 911 or Security x5000 (574-284-5000.) Stay with the afflicted person until first responders have arrived on the scene. Make sure the scene is cleared of people and extraneous materials which may impede the work of first responders.

In the case of fire, assure that all clients and caregivers are escorted from the clinic to the department area and outside the clinic doors to the clubhouse parking lot area. Faculty and staff not occupied with evacuating clients and families should assure that all doors are closed and that all students are

directed out of the area. The clinic director and/or program director are responsible for assuring that all persons are accounted for and have safely exited the building. The Administrative Assistant will be responsible for keeping a list of daily appointments for ease of ascertaining people likely to be in the area.

### **Clinical Instructor Role and Responsibility**

The Clinical Instructor (CI) has primary responsibility for their caseload of clients who are attending the JLSLC for speech therapy services. It is the responsibility of the CI to assure that the highest levels of clinical services are provided to those clients who are placed on the CI's caseload. The CI has the right, in consultation with the Clinic Director, to reassign students or terminate a client-student clinician assignment at any time it is necessary to maintain the highest standards of clinical care. In order to assure that this takes place the following procedures have been developed.

#### *Procedure:*

The CI is responsible for mentoring, guiding and directly teaching the student clinician to perform the clinical responsibilities expected. These include:

- 1) Assure that the student clinician is dressed appropriately.
- 2) Make certain that the client or the client's responsible party is aware of the CI and the CI's role.
- 3) Assure that the clinician is well prepared; the CI is within her right to assign readings if deemed necessary for a particular supervisee.
- 4) Make certain that all documentation is completed in a timely manner.
  - a) Diagnostic reports and Comprehensive Treatment Plans are to be done within one week of the evaluation and placed in Mediat for the CI to review.
  - b) Treatment plan portion of the progress note, including the procedure and method and activities are to be turned into the CI for her/his review 48 hours prior to a scheduled session. NO identifying information, with the exception of client initials or client numbers may be put on the working note.
  - c) The treatment note is recorded in the electronic medical record (Mediat) once it has been reviewed by the CI. In Mediat the Treatment plan and progress note are combined (i.e. 'progress note'). The entire note is to be completed on the day of service. Once the long term goals (LTG) and short term objectives (STO) are entered, they may not change from week to week. If this is the case then only the **Subjective, Results** and **Plan** section of the note will need to be changed each week with new data. The student clinician signs at the end of the Plan section of the progress note (e.g. Jane Doe, student clinician or graduate clinician).
  - d) If goals have to be modified or added, then this should be done as needed and put in the plan. The changes are then made in the objective section for the next session. The supervisee will click on "save as a favorite" each week prior to submitting the note.
  - e) Notes are drafted after the diagnostic code (s) and treatment sets have been identified by the supervisee. The student will **never** save a note when writing in the template section of Mediate. In the Form section the procedure is different.
  - f) All notes are routed to the CI as the responsible speech language pathologist.

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- g) The CI is responsible for electronically signing notes and locking them.
- 5) Signing off on all clinical hours and verifying the accuracy thereof.
- 6) Communicating with the Clinical Director on a regular basis
- 7) Meeting with the student clinicians on a regular basis.
- 8) Supervising the student clinician a minimum of 25% of the client contact time; and to adjust this percentage upward depending on the needs of the student clinician or difficulty of the case.
- 9) The CI must be on the premises at all times that a student clinician is with a client.
- 10) The CI will notify the Clinical Director and the supervisee of an unavoidable absence or tardiness.
- 11) The CI is responsible for arranging an appropriate substitute when s/he is unable to be present for all or part of a scheduled session;
- 12) The CI will complete a minimum of four formal observation forms per semester, per client served.
- 13) The CI will complete a midterm assessment (not a letter grade) and a final evaluation (graded) for each student who is supervised, irrespective of the number of clients served.
- 14) If a given student is supervised by more than one CI then those CI's will be responsible for :
  - 1. A separate midterm assessment for the supervisee
  - 2. Collaboration with each other to give the student a final grade
- 15) The CI's, in collaboration with the Clinical Practicum Instructor, will be responsible for assessing clinical progress of the Graduate Clinicians towards the ASHA Knowledge and Skills Assessment (KASA), and for receiving the Essential Functions form each practicum term with the clinician.

### **CALIPSO Electronic Data Base**

The Department of Communicative Sciences and Disorders uses a secure, on-line program to track clinical experiences. This system will also enable students to maintain an electronic portfolio and manage a variety of external documents. It will allow the Clinic Director to maintain a comprehensive database of clinical sites and instructors. Students will have access to this system over the course of their graduate studies and then continuing for three years after graduation to allow and ensure access to clinical hours. Undergraduate student clinicians will continue to keep track of their clinic observation hours and clinical clock hours on the forms provided. These forms will be kept in the undergraduate clinic file. However, each student should keep duplicates of these forms to take with them in the event they are needed after graduation from Saint Mary's College with their undergraduate degree in Communicative Sciences and Disorders. Any such documentation that accompanies graduate students at the beginning of their program of study will be put into the Calipso data base as well.

## **Observation by Families, CI and Students**

Spouses, parents, legal guardians and significant others of persons receiving therapy are permitted to observe therapy sessions in the adjacent observation rooms. There are occasions that family members are encouraged to join the client and clinicians, especially during the gathering of information.

In the case of group therapy, the observation rooms do not generally allow for large group observation by family members. Family members are encouraged to discuss any questions or concerns with the CI and/or clinic director. However live video feed can be arranged with permission from all group members.

All sessions are video recorded and stored on a separate server in the IT department. This allows clinicians and faculty to review sessions in real or recorded time.

If a family has requested that there be no recording, or if they do not allow the video recording to be available for training or research purposes, then arrangements will need to be made with the Clinic Director. There is a place on the Consent Form that allows for specific authorization to be withheld.

The system is accessed by students and others who have been given this privilege by the administrator and is accessed by a unique security code. The website to access the secure server is: [www.pds.saintmarys.edu](http://www.pds.saintmarys.edu)

## **Student Consent**

It is the policy of the Department of Communication Sciences and Disorders Clinic to obtain a written consent from Saint Mary's students to allow observation and electronic taping of them during clinic activities.

### *Procedure:*

This form is presented to the student clinician during orientation. The student clinician is to sign acknowledgement of the form.

## **Health Requirements and Background Checks of All Student Clinicians**

For internal and external clinical placements student clinicians are required to have a recent TB test, Hepatitis B vaccinations, undergo and pass a criminal background check, possibly including fingerprinting, drug screening and fulfill any other requests from outside agencies.

In addition, CPR training will be completed on campus and graduate students must complete this training prior to the first semester of Clinical Practicum and in preparation for off-campus placements.

## **Consent for Drug Screening**

### Drug Screening

1. The CSD Program has a no tolerance policy regarding substance abuse. Students must clear a drug-screening test in order to enter the program.



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2. Failure to undergo the drug screening will result in non-acceptance or dismissal from the program.
3. If the drug screen comes back adulterated the student will be asked to leave the program.
4. After the initial drug screening, random drug screening may occur depending on the requirements of the practicum site/agency. If the student is selected for random testing, notification will be given by either the Program or the practicum site/agency. Failure to have a random drug screen within the allowed time will result in dismissal from the program. Results of the random drug screen will be forwarded to the CSD Department and the Academic Affairs Office.

Test results will be sent directly to the Saint Mary's College CSD Department and will not be included in your medical record at Health Services.

### **Students with Disabilities**

In accordance with the college's policy, if a student has a documented disability and requires accommodations to obtain equal access in a class or in clinical practicum, that student must inform the Office of Academic Affairs. The Disability Office representative and the student should contact the Clinic Director at the beginning of the clinical practicum courses. Note that instructors are not permitted to make individual judgments about accommodations. Also note that all students must meet the Essential Functions for SLPs, as outlined in the appendices. Students with disabilities requesting accommodations must first verify their eligibility through the Office of Academic Affairs: [www.saintmarys.edu/students-with-disabilities](http://www.saintmarys.edu/students-with-disabilities)

#### **Essential Functions**

The Essential Functions Checklist must be completed at the beginning of the first clinical practicum course.

#### *Procedure:*

The CI will discuss the purpose of the essential function checklist form with the student.

The CI will review all sections with the student and discuss whether or not the student has displayed each of the essential functions listed on the checklist in their clinical practicum experience.

For emerging ratings the CI will discuss with the student what needs to be done to meet that particular function or what accommodation might be made in order to meet it.

For remediate ratings a plan will be developed to assure that the student is given an opportunity to develop the essential function.

When a student is unable or unwilling to meet the necessary remedies set forth, the Clinic Director and/or the CI and Program Director will meet with the student to determine what further steps need to be taken.



## **Appendix A: Client Forms, and Information**

### Adult Intake Form

Client Background Information		Date:		Office use:		
Name:		Birthday:		Gender:	M	F
Address:				Age:		
City:		State:		Zip Code:		
Emergency Contact						
Name:		Relationship:		Phone#:		

Primary Physician	
Name:	Clinic:
Phone#:	Address:
Referring Physician/Referral Source	
Name:	Relationship:
Phone#:	Address:

**REASON FOR REFERRAL:**

Responsible Party of Client (Self/Spouse/ Parent/Caregiver/Guardian) Please Circle OR Fill in Answers							
Name:		Birthday:		SS#:			
Address:			City:		State:	Zip Code:	
Phone:	Home:		Cell:		Work:		
E-Mail:							
Circle Employment Status:	Full Time	Part Time	Self Employed	Stay at home Parent/ Caregiver	Retired	Disability	Unemployed
Occupation:				Employer:			
Address:				City:		State:	Zip Code:

Family Information (Please Circle OR Fill in Answers)							
Self:				Spouse/Other:			
Cell phone:				Cell phone:			
SS#:				Birthday:		SS#:	
Guardian/Caregiver other than Parent:							
Lives With:	Alone	Spouse	Other:				
Primary Language:	English	Spanish	Other:	Secondary Language:	Spanish	English	Other:
Children(ages)							
Grand-children(ages)							

Current Medical History (Please Circle OR Fill in Answers)						
Currently under a Physician's care	No Yes	For What?				
Recent Surgeries:	No Yes	Describe and Date of Surgery:				
Overnight Hospitalizations:	No Yes	When and for What?				
Hearing Deficit:	No Yes	Date of Last Exam:		Please Explain:		
Visual Deficit:	No Yes	Date of Last Exam:		Please Explain:		
Respiratory Issues:	NO	Yes Please Explain:				
Other Procedures:	X-ray Date:		CT Scan Date:	MRI Date:	Sleep Study Date:	
Equipment Used:	Glasses	Eye Patch	Hearing Aides	Cochlear Implant	Splints	Stander
	Braces (AFO – SMO)		Wheelchair	Walker	Bath Chair	Toilet Seat
Medications (please list):						
ALLERGIES (please list):						
Consulting Physicians Currently Treating Client:						
Name			Specialty	Location	Phone#	
Activities of Daily Living: (Please Circle OR Fill in Answers)						
Any issues with:	Yes	No	With assistance	Independently		
communication						
writing						
feeding						
swallowing						
walking						
sitting						
Toileting						
Does client understand what is said?	YES Please Explain:					NO
Does client communicate his/her needs?	YES How:					NO

Does client make his own decisions?	NO If no, who is power of attorney or health care decision maker?	YES
-------------------------------------	--	-----

<b>Therapy History: (Please Circle OR Fill in Answers)</b>						
Was/are you enrolled in any therapy or other medical programs?						
NO	YES - Please Explain:					
If Yes, what do/did you receive:	OT	PT	ST	Nursing	Dietician	Other:
If Yes, how often is/was each visit :	Weekly		Twice a Month		Monthly	
May we contact your therapists? Name and contact information:						
What are your Goals related to speech therapy:						
1.						
2.						
3.						

<b>Additional Therapy/Programs: (Please Circle OR Fill in Answers)</b>		
Do you attend any adult day programs:	NO	YES - If yes, Where and how often:
Are you currently receiving outpatient therapy:	NO	YES - If yes, Where and how often:
Are you currently receiving any other services:	NO	YES - If yes, Where, what and How often:

<b>Communication and Language: (Please Circle OR Fill in Answers)</b>												
Percentage of Speech Understood by:	Spouse				Family Member				Stranger			
	<25%	50%	75%	100%	<25%	50%	75%	100%	<25%	50%	75%	100%
How do you explain your wants and needs?												
Can you follow verbal commands:	NO	YES - Please Explain any problems that you have:										
Can you read:	NO	YES - Please Explain any problems that you have:										
Can you write:	NO	YES - Please Explain any problems that you have:										

Swallowing: (Please Circle OR Fill in Answers)		
Are you on a restricted diet:	NO	YES - Please Explain any problems that you have:
Are you on a modified diet:	NO	YES - Please Explain any problems that you have:
Are your liquids restricted:	NO	YES - Please Explain any problems that you have:
Are your liquids thickened:	NO	YES - Please Explain any problems that you have and the results of the test:
Have you had a swallow study:	NO	YES - Please Explain any problems that you have:
Are you being treated for a swallowing problem:	NO	YES - Please Explain any problems that you have:
Do you have reflux:	NO	YES - Please Explain any problems that you have:
Are you on medication for reflux:	NO	YES - Please Explain any problems that you have:

Fine Motor Skills: (Please Circle OR Fill in Answers)		
Are buttons/snaps/zippers difficult for you:	NO	YES Please explain:
Do you get dressed on your own:	NO	YES Please explain:
Do you have trouble with handwriting:	NO	YES Please explain:
Do you have trouble with key boarding/typing:	NO	YES Please explain:
Do you have trouble with texting:	NO	YES Please explain:
Do you use utensils independently:	NO	YES Please explain:
Please circle:      Left-handed              Right-handed		

Sensory Motor/Cognitive Function: (Please Circle OR Fill in Answers)		
Does Attention interfere with daily routine:	NO	YES - Please explain:
Do memory problems interfere with daily routine:	NO	YES - Please explain:
Does lack of judgment interfere with daily routine:	NO	YES - Please explain:
Are you distracted by background noise:	NO	YES - Please explain:
Has there been a change in personality	NO	YES - Please describe:
Do you get tired easily:	NO	YES - Please explain:

List Favorite Activities/Hobbies:
1.
2.
3.
4.

How is frustration/anger expressed?

What is motivating for you?

What is your biggest concern at this time?

What would you like to be able to accomplish through speech therapy at Saint Mary's College Judd Leighton Speech and Language Clinic

Please List any additional information that may be helpful on the bottom or back of this page. You may attach a separate page if desired

### Pediatric Intake Form

<b>Client Background Information</b>		Date:		Office use:		
Child's Name:			Birthday:		Gender:	M    F
Address:					Age:	
City:			State:		Zip Code:	
<b>Emergency Contact</b>						
Name:			Relationship:		Phone#:	

<b>Primary Physician</b>	
Name:	Clinic:
Phone#:	Address:
<b>Referring Physician/Person</b>	
Name:	Relationship:
Phone#:	Address:
<b>REASON FOR REFERRAL:</b>	

<b>Responsible Party of Client (Parent/Caregiver/Guardian) Please Circle OR Fill in Answers</b>							
Name:			Birthday:		SS#:		
Address:				City:		State:	Zip Code:
Phone:	Home:		Cell:		Work:		
E-Mail:							
Employment Status:	Full Time	Part Time	Self Employed	Stay at home Parent	Retired	Disability	Unemployed
Occupation:				Employer:			
Address:				City:		State:	Zip Code:

<b>Family Information (Please Circle OR Fill in Answers)</b>							
Father (F):				Mother (M):			
Cell phone #:				Cell phone #:			
Birthday:		SS#:		Birthday:		SS#:	
Guardian/Caregiver other than Parent:							
Child Lives With:	Mother and Father	Father	Mother	Grand-parents	Mother & Stepfather	Father & Stepmother	Relative    Foster Parents
Primary Language:		English	Spanish	Other:	Secondary Language:		Spanish    English    Other:
Siblings:							
Ages:							



Birth and Medical History (Please Circle OR Fill in Answers)													
Complications:	False Labor	Infection	High Fever	Gestational Diabetes	Bed Rest	Surgery	Accident	High Blood Pressure	Toxemia				
Other:													
Use of Medications	NO	Yes Please List:											
Exposure to Drug/Alcohol/Smoke	NO	Yes Please state how long:											
Complicated Delivery:	NO	Yes Please explain:											
Premature:	NO	Yes	37 wks	36 wks	35 wks	34 wks	33 wks	32 wks	31 wks	30 wks	29 wks	28 wks	≤27wks
Type of Delivery:	Vaginal		C-Section		Breech			Twin		Triplet		Quadruplet	
Birth Weight:				Birth Length:				Apgar:					
Medical Diagnoses at Birth:													
Medical Conditions at birth:	Seizures	Brachial Plexus	Anoxia	Club Foot	Visual Deficit	Cleft Lip/Palate	Hearing Loss	Reflux					
	Failure to Thrive		Chronic Lung Disease		Heart Defect	Other:							
NICU Stay:	NO	Yes How Long:											
Treatment Received In NICU:	Resuscitation		Jaundice Lights		Intubation		Ventilation		Oxygen				
	MRI		ECHO		Eye Surgery		X-Rays		Isolation				
Discharge Equipment Needed:	Oxygen		NG Tube		G-Tube		Apnea Machine		Tracheostomy				
	Splints		Home Vent		Other:								
Current Medical History (Please Circle OR Fill in Answers)													
Immunizations Current:	NO	Yes											
Chronic Ear Infections:	NO	Yes How Frequent:											
Tubes:	NO	Yes Date of Surgery:											
Hearing Deficit:	NO	Yes Date of Last Exam:						Please Explain:					
Visual Deficit:	NO	Yes Date of Last Exam:						Please Explain:					
Respiratory Issues:	NO	Yes Please Explain:											
Other Procedures:	X-ray Date:			CT Scan Date:			MRI Date:			Sleep Study Date:			
Equipment Used:	Glasses			Hearing Aides			Cochlear Implant			Splints			
	Eye Patch			Wheelchair			Walker			Bath Chair			
			Stander			Braces (AFO – SMO)			Toilet Seat				
Current Medications:													

ALLERGIES (please list):

Consulting Physicians Currently Treating Client:			
Name	Specialty	Location	Phone#

Developmental Milestones: (Please Circle OR Fill in Answers)				
When did your child:				
Sit Up:	6-8 Months	9-11 Months	12-14 Months	>15 Months
Roll from Tummy to Back:	2-4 Months	5-7 Months	8-10 Months	>11 Months
Crawl:	5-7 Months	8-10 Months	11-13 Months	5. >14 Months
Pull To Stand:	6-8 Months	9-11 Months	12-14 Months	>15 Months
Walk:	11-14 Months	15-17 Months	18-20 Months	>21 Months
Drink from a Cup:	4-6 Months	7-9 Months	10-12 Months	>13 Months
Start Using a Spoon:	7-9 Months	10-12 Months	13-15 Months	>16 Months
Spoke First Word:	10-12 Months	13-15 Months	16-18 Months	>19 Months
Does Child use Pacifier:	NO	YES Please Explain:		
Drink from a Bottle:	NO	YES How many a day? How many ounces? What type of Nipple?		
Potty Trained:	NO	YES At what age? Daytime and Nighttime:		

Therapy and School History: (Please Circle OR Fill in Answers)											
Was/Is your child enrolled in any Early Intervention, Birth to Three Programs: (First Steps, Early On)											
NO		YES Please Explain:									
If Yes, did/do they receive:		OT	PT	ST	Psychology	Dietician	Developmental Therapist				
If Yes, how often did/does each therapist visit:			Weekly			Twice a Month		Monthly			
Where does your child go to school:		School:				Address					
		City:				Zip		phone:			
How Often do they attend:		1 day a week		2 days a week		3 days a week		4 days a week		5 days a week	
Do they receive therapy at school:											
NO	YES	If yes, do they receive:		OT	PT	ST	How Frequently:	1-2 days a week	2 days a month	Monthly	Consultation
Additional Information:											

What are your child's IEP Goals related to speech therapy:
1.
2.
3.

Daycare and Additional Therapy: (Please Circle OR Fill in Answers)	
Does your child attend daycare:	<input type="checkbox"/> NO    YES - If yes, Where and how often:
Is your child currently receiving outpatient therapy:	<input type="checkbox"/> NO    YES - If yes, Where and how often:

Communication and Language: (Please Circle OR Fill in Answers)												
Percentage of Child's Speech Understood by:	Parent				Other Family Member				Stranger			
	<input type="checkbox"/> <25%	<input type="checkbox"/> 50%	<input type="checkbox"/> 75%	<input type="checkbox"/> 100%	<input type="checkbox"/> <25%	<input type="checkbox"/> 50%	<input type="checkbox"/> 75%	<input type="checkbox"/> 100%	<input type="checkbox"/> <25%	<input type="checkbox"/> 50%	<input type="checkbox"/> 75%	<input type="checkbox"/> 100%
How do you know what your child wants:												
Can your child follow Verbal Commands:	<input type="checkbox"/> NO	YES - Please Explain What They Can do When You Ask Them:										

Feeding: (Please Circle OR Fill in Answers)					
Does your child have food allergies:	<input type="checkbox"/> NO	YES Please List:			
Does your child spit up during or after meals:	<input type="checkbox"/> NO	YES – please explain:			
Does your child have reflux:	<input type="checkbox"/> NO	YES – please explain:			
Does your child cough/gag/choke while eating:	<input type="checkbox"/> NO	YES – please explain:			
Are there foods your child can't chew:	<input type="checkbox"/> NO	YES – please explain:			
Does your child excessively drool:	<input type="checkbox"/> NO	YES – please explain:			
Is your child a picky eater:	<input type="checkbox"/> NO	YES – what foods do they like?			
		What food do they refuse?			
Does your child use a G-Tube:	<input type="checkbox"/> NO	YES - Please List (Formula, Feeding Schedule, Use of Equipment, etc.):			
Does your child have constipation:	<input type="checkbox"/> NO	YES - Please Explain:			
Frequency of Bowel Movements:	<input type="checkbox"/> 2 x day	<input type="checkbox"/> 1 x day	<input type="checkbox"/> Every 2-3 Days	<input type="checkbox"/> Every 5-7 Days	<input type="checkbox"/> Weekly

Fine Motor Skills: (Please Circle OR Fill in Answers)		
Are buttons/snaps/zippers difficult for your child:	NO	YES - What can they do on their own:
Does your child get dressed on their own:	NO	YES - What can they take on OR off (shirt, underwear, pants, shorts, socks, shoes):
		What can they put on (shirt, underwear, pants, shorts, socks, shoes):
Does your child have trouble with handwriting:	NO	YES - Please explain:
Does your child have trouble using Scissors:	NO	YES - Please describe how do they use scissors:
Does your child have trouble with utensils:	NO	YES - Please describe how they use a spoon/fork:

Sensory Motor Function: (Please Circle OR Fill in Answers)		
Does your child dislike hair wash/cut/brush:	NO	YES - Please describe:
Is your child fearful of movement:	NO	YES - Please describe:
Does Attention interfere with their daily routine:	NO	YES - Please explain:
Are they distracted by background noise:	NO	YES - Please explain:
Do they dislike getting messy:	NO	YES - Please describe:

Sensory Motor Function (continued): (Please Circle OR Fill in Answers)						
Do they get tired easily:	NO	YES - Please explain:				
Is your child sensitive to lights/sounds:	NO	YES - Please describe:				
Do large groups/crowds bother your child:	NO	YES - Please explain:				
Have you used the following adaptations/therapeutic modalities:		NO			YES	
Weighted Vest	Hug Vest	Disc-O-Sit	Brushing	Joint Compressions	Therapeutic Listening	Vision Therapy
If yes, please explain:						

Positioning/Sleep: (Please Circle OR Fill in Answers)						
What position does your child sleep:	Back	Side	Stomach	Other Describe:		
Do they sleep in a car-seat:	NO	YES Describe:				
Do they dislike being on their stomach:	NO	YES Please Explain:				
How long do they sleep at night:	2-4 Hours	4-6 Hours	6-8 Hours	8-10 Hours	10-12 Hours	>12 Hours
Do they take a morning nap:	NO	YES - How Long:				
Do they take an afternoon nap:	NO	YES - How long:				

List Favorite Activities/Toys:
1.
2.
3.
4.

How do they express frustration/anger?

What type of praise works the best?

What is your biggest concern at this time?

What would you like to see your child be able to do better?

Please List any additional information that may be helpful below or on the back of this page. You may attach a separate page if desire

## JUDD LEIGHTON SPEECH AND LANGUAGE CLINIC

### Privacy Practices

#### Protected Health Information.

Saint Mary's College Judd Leighton Speech and Language Clinic protects all "*individually identifiable health information*" (i.e., "*protected health information (PHI)*," held or transmitted by Saint Mary's College JLSLC or its business associate, in any form or media, whether electronic, paper, or oral.

"Individually identifiable health information" is information, including demographic data (e.g., name, address, birth date, Social Security Number) that relates to: the individual's past, present or future physical or mental health or condition, the provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual. Individually identifiable health information includes many common identifiers.

#### De-Identified Health Information.

There are no restrictions on the use or disclosure of de-identified health information. De-identified health information neither identifies nor provides a reasonable basis to identify an individual either by a formal determination by a qualified statistician or the removal of specified identifiers of the individual and of the individual's relatives, household members, and employers. This is considered adequate only if the covered entity has no actual knowledge that the remaining information could be used to identify the individual.

#### Basic Principle.

The major purpose of Saint Mary's College JLSLC's privacy policy is to specify the circumstances in which an individual's protected health information may be used or disclosed by covered entities. Saint Mary's College JLSLC may not use or disclose protected health information, except either: as the individual who is the subject of the information (or the individual's personal representative) authorizes in writing or as permitted by law.

#### Required Disclosures.

Saint Mary's College JLSLC must disclose protected health information in only two situations: (a) to individuals (or their personal representatives) specifically when they request access to, or an accounting of disclosures of, their protected health information; and (b) to HHS.

#### Permitted Uses and Disclosures.

Saint Mary's College JLSLC is permitted, but not required, to use and disclose protected health information, without an individual's authorization, for the following purposes or situations: (1) To the Individual (unless required for access or accounting of disclosures); (2) Treatment, Payment, and Health Care Operations; (3) Opportunity to Agree or Object; (4) Incident to an otherwise permitted use and disclosure; (5) Public Interest and Benefit Activities; and (6) Limited Data Set for the purposes of research, public health or health care operations. Saint Mary's College JLSLC may rely on professional ethics and best judgments in deciding which of these permissive uses and disclosures to make.

(1) To the Individual. Saint Mary's College JLSLC may disclose protected health information to the individual, or his legal representative, who is the subject of the information.

(2) Treatment, Payment, Health Care Operations. Saint Mary's College JLSLC may use and disclose protected health information for its own treatment, payment, and health care operations activities. Saint Mary's College JLSLC also may disclose protected health information for the treatment activities of any health care provider, the

payment activities of another covered entity and of any health care provider, or the health care operations of another covered entity involving either quality or competency assurance activities or fraud and abuse detection and compliance activities, if both covered entities have or had a relationship with the individual and the protected health information pertains to the relationship.

**Treatment** is the provision, coordination, or management of health care and related services for an individual by one or more health care providers, including consultation between providers regarding a client and referral of a client by one provider to another.

**Payment** encompasses activities of a health plan to obtain premiums, determine or fulfill responsibilities for coverage and provision of benefits, and furnish or obtain reimbursement for health care delivered to an individual and activities of a health care provider to obtain payment or be reimbursed for the provision of health care to an individual.

**Health care operations** are any of the following activities: (a) quality assessment and improvement activities, including case management and care coordination; (b) competency assurance activities, including provider or health plan performance evaluation, credentialing, and accreditation; (c) conducting or arranging for medical reviews, audits, or legal services, including fraud and abuse detection and compliance programs; (d) specified insurance functions, such as underwriting, risk rating, and reinsuring risk; (e) business planning, development, management, and administration; and (f) business management and general administrative activities of the entity, including but not limited to: de-identifying protected health information, creating a limited data set, and certain fundraising for the benefit of the covered entity.

**(3) Uses and Disclosures with Opportunity to Agree or Object.** Informal permission may be obtained by asking the individual outright, or by circumstances that clearly gives the individual the opportunity to agree, acquiesce, or object. Where the individual is incapacitated, in an emergency situation, Saint Mary's College JLSLC generally may make such uses and disclosures, if in the exercise of their professional judgment, the use or disclosure is determined to be in the best interests of the individual in order to take care of the client.

**For Notification and Other Purposes.**

Saint Mary's College JLSLC will rely on an individual's written authorization to disclose to the individual's family, relatives, or friends, or to other persons, whom the individual identifies, protected health information directly relevant to that person's involvement in the individual's care or payment for care. This provision, for example, allows a clinician to disclose progress in a therapy session to a person acting on behalf of the client. Similarly, Saint Mary's College JLSLC may rely on an individual's informal permission to use or disclose protected health information for the purpose of notifying (including identifying or locating) family members, personal representatives, or others responsible for the individual's care. In addition, protected health information may be disclosed for notification purposes to public or private entities authorized by law or charter to assist in disaster relief efforts.

**(4) Incidental Use and Disclosure.** Saint Mary's College JLSLC does not require that every risk of an incidental use or disclosure of protected health information be eliminated.

A use or disclosure of this information that occurs as a result of, or as "incident to," an otherwise permitted use or disclosure is permitted as long as the Saint Mary's College JLSLC has adopted reasonable safeguards as required by Saint Mary's College JLSLC and its own privacy policies, and the information being shared was limited to the "minimum necessary," as required by law.

**(5) Public Interest and Benefit Activities.** The Privacy Rule permits use and disclosure of protected health information, without an individual's authorization or permission, for 12 national priority purposes. These

disclosures are permitted, although not required, by the Rule in recognition of the important uses made of health information outside of the health care context. Specific conditions or limitations apply to each public interest purpose, striking the balance between the individual privacy interest and the public interest need for this information.

**Required by Law.** Covered entities may use and disclose protected health information without individual authorization as *required by law* (including by OCR Privacy Rule Summary 7 Last Revised 05/03 statute, regulation, or court orders).

**Public Health Activities.** Saint Mary's College JLSLC may disclose protected health information to: (1) public health authorities authorized by law to collect or receive such information for preventing or controlling disease, injury, or disability and to public health or other government authorities authorized to receive reports of child abuse and neglect; (2) entities subject to FDA regulation regarding FDA regulated products or activities for purposes such as adverse event reporting, tracking of products, product recalls, and post marketing surveillance; (3) individuals who may have contracted or been exposed to a communicable disease when notification is authorized by law; and (4) employers, regarding employees, when requested by employers, for information concerning a work-related illness or injury or workplace related medical surveillance, because such information is needed by the employer to comply with the Occupational Safety and Health Administration (OHSA), the Mine Safety and Health Administration (MHSa), or similar state law.

**Victims of Abuse, Neglect or Domestic Violence.** In certain circumstances, Saint Mary's College JLSLC may disclose protected health information to appropriate government authorities regarding victims of abuse, neglect, or domestic violence.

**Health Oversight Activities.** Saint Mary's College JLSLC may disclose protected health information to health oversight agencies, as defined by law, for purposes of legally authorized health oversight activities, such as audits and investigations necessary for oversight of the health care system and government benefit programs.

**Judicial and Administrative Proceedings.** Saint Mary's College JLSLC may disclose protected health information in a judicial or administrative proceeding if the request for the information is through an order from a court or administrative tribunal. Such information may also be disclosed in response to a subpoena or other lawful process if certain assurances regarding notice to the individual or a protective order are provided.

**Law Enforcement Purposes.** Saint Mary's College JLSLC may disclose protected health information to law enforcement officials for law enforcement purposes under the following six circumstances, and subject to specified conditions: (1) as required by law (including court orders, court-ordered warrants, subpoenas) and administrative requests; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) in response to a law enforcement official's request for information about a victim or suspected victim of a crime; (4) to alert law enforcement of a person's death, if the covered entity suspects that criminal activity caused the death; (5) when Saint Mary's College JLSLC believes that protected health information is evidence of a crime that occurred on its premises; and (6) by a covered health care provider in a medical emergency not occurring on its premises, when necessary to inform law enforcement about the commission and nature of a crime, the location of the crime or crime victims, and the perpetrator of the crime.

**Research.** "Research" is any systematic investigation designed to develop or contribute to generalizable knowledge. Saint Mary's College JLSLC permits a covered entity to use and disclose protected health information for research purposes, without an individual's authorization, provided the covered entity obtains either: (1) documentation that an alteration or waiver of individuals' authorization for the use or disclosure of protected health information about them for research purposes has been approved by an Institutional Review Board or Privacy Board; (2)



representations from the researcher that the use or disclosure of the protected health information is solely to prepare a research protocol or for similar purpose preparatory to research, that the researcher will not remove any protected health information from the covered entity, and that protected health information for which access is sought is necessary for the research; or (3) representations from the researcher that the use or disclosure sought is solely for research on the protected health information of decedents that the protected health information sought is necessary for the research, and, at the request of the covered entity, documentation of the death of the individuals about whom information is sought. Saint Mary's College JLSLC also may use or disclose, without an individual's authorization, a limited data set of protected health information for research purposes (see discussion below).

**Serious Threat to Health or Safety.** Saint Mary's College JLSLC may disclose protected health information that they believe is necessary to prevent or lessen a serious and imminent threat to a person or the public, when such disclosure is made to someone they believe can prevent or lessen the threat (including the target of the threat). Saint Mary's College JLSLC may also disclose to law enforcement if the information is needed to identify or apprehend an escapee or violent criminal.

**Essential Government Functions.** An authorization is not required to use or disclose protected health information for certain essential government functions. Such functions include: assuring proper execution of a military mission, conducting intelligence and national security activities that are authorized by law, providing protective services to the President, making medical suitability determinations for U.S. State Department employees, protecting the health and safety of inmates or employees in a correctional institution, and determining eligibility for or conducting enrollment in certain government benefit programs.

**Workers' Compensation.** Saint Mary's College JLSLC may disclose protected health information as authorized by, and to comply with, workers' compensation laws and other similar programs providing benefits for work-related injuries or illnesses.

**6) Limited Data Set.** A limited data set is protected health information from which certain specified direct identifiers of individuals and their relatives, household members, and employers have been removed. A limited data set may be used and disclosed for research, health care operations, and public health purposes, provided the recipient enters into a data use agreement promising specified safeguards for the protected health information within the limited data set.

**Authorization.** Saint Mary's College JLSLC must obtain the individual's written authorization for any use or disclosure of protected health information that is not for treatment, payment or health care operations or otherwise permitted or required by The Saint Mary's College JLSLC. Saint Mary's College JLSLC may not condition treatment, payment, enrollment, or benefits eligibility on an individual granting an authorization, except in limited circumstances. An authorization must be written in specific terms. It may allow use and disclosure of protected health information by the covered entity seeking the authorization, or by a third party. All authorizations must be in plain language, and contain specific information regarding the information to be disclosed or used, the person(s) disclosing and receiving the information, expiration, right to revoke in writing, and other data, activities of a coroner or medical examiner or as required by law.

**Marketing.** Marketing is any communication about a product or service that encourages recipients to purchase or use the product or service. The following health-related activities are exempted from this marketing definition as allowed by HIPAA:

Communications to describe health-related products or services, or payment for them, provided by or included in a benefit plan of the covered entity making the communication;

Communications about participating providers in a provider or health plan network, replacement of or enhancements to a health plan, and health-related products or services available only to a health plan's enrollees that add value to, but are not part of, the benefits plan;

Communications for treatment of the individual; and

Communications for case management or care coordination for the individual, or to direct or recommend alternative treatments, therapies, health care providers, or care settings to the individual.

Marketing also is an arrangement between Saint Mary's College JLSLC and any other entity whereby the covered entity discloses protected health information, in exchange for direct or indirect remuneration, for the other entity to communicate about its own products or services encouraging the use or purchase of those products or services.

Saint Mary's College JLSLC must obtain an authorization to use or disclose protected health information for marketing. An authorization for marketing that involves the covered entity's receipt of direct or indirect remuneration from a third party must reveal that fact.

**Minimum Necessary.** A central aspect of Saint Mary's College JLSLC is the principle of "minimum necessary" use and disclosure. Saint Mary's College JLSLC must make reasonable efforts to use, disclose, and request only the minimum amount of protected health information needed to accomplish the intended purpose of the use, disclosure, or request. Saint Mary's College JLSLC has policies and procedures to reasonably limit uses and disclosures to the minimum necessary. When the minimum necessary standard applies to a use or disclosure, Saint Mary's College JLSLC may not use, disclose, or request the entire medical record for a particular purpose, unless it can specifically justify the whole record as the amount reasonably needed for the purpose. The minimum necessary requirement is not imposed in any of the following circumstances: (a) disclosure to or a request by a health care provider for treatment; (b) disclosure to an individual who is the subject of the information, or the individual's personal representative; (c) use or disclosure made pursuant to an authorization; (d) disclosure to HHS for complaint investigation, compliance review or enforcement; (e) use or disclosure that is required by law.

**Access and Uses.** For internal uses, Saint Mary's College JLSLC has implemented policies and procedures that restrict access and uses of protected health information based on the specific roles of the members of their workforce. These policies and procedures must identify the persons, or classes of persons, in the workforce who need access to protected health information to carry out their duties, the categories of protected health information to which access is needed, and any conditions under which they need the information to do their jobs.

**Disclosures and Requests for Disclosures.** Saint Mary's College JLSLC has policies and procedures / standard protocols for *routine, recurring disclosures, or requests for disclosures*, that limits the protected health information disclosed to that which is the minimum amount reasonably necessary to achieve the purpose of the disclosure. Individual review of each disclosure is not required. For non-routine, non-recurring disclosures, or requests for disclosures that it makes, Saint Mary's College JLSLC has criteria designed to limit disclosures, as noted in this policy and in the Consent Form (Exhibit A), to the information reasonably necessary to accomplish the purpose of the disclosure and review each of these requests individually in accordance with the established criteria.

**Reasonable Reliance.** If another covered entity makes a request for protected health information, Saint Mary's College JLSLC may rely, if reasonable under the circumstances, on the request as complying with this minimum necessary standard. Similarly, Saint Mary's College JLSLC may rely upon requests as being the minimum necessary protected health information from: (a) a public official, (b) a professional (such as an attorney or accountant) who is the covered entity's business associate, seeking the information to provide services to or for the covered entity; or (c) a researcher who provides the documentation or representation required by Saint Mary's College JLSLC for research.

**Privacy Practices Notice.** Saint Mary's College JLSLC will provide a notice of its privacy practices. The notice describes individuals' rights, including the right to complain to HHS and to the covered entity if they believe their privacy rights have been violated. The notice includes a point of contact for further information and for making complaints to Saint Mary's College JLSLC.

**Notice Distribution.** A covered health care provider with a *direct treatment relationship* with individuals must deliver a privacy practices notice to clients as follows:

- Not later than the first service encounter by personal delivery (for client visits), by automatic and contemporaneous electronic response (for electronic service delivery), and by prompt mailing (for telephonic service delivery);
- By posting the notice at each service delivery site in a clear and prominent place where people seeking service may reasonably be expected to be able to read the notice; and
- In emergency treatment situations, the provider must furnish its notice as soon as practicable after the emergency abates.

Covered entities, whether *direct treatment providers* or *indirect treatment providers* (such as laboratories) or *health plans* must supply notice to anyone on request. Saint Mary's College JLSLC must also make its notice electronically available on any web site it maintains for customer service or benefits information.

**Acknowledgement of Notice Receipt.** Saint Mary's College JLSLC with a direct treatment relationship with individuals will make a good faith effort to obtain written acknowledgement from clients of receipt of the privacy practices notice. Saint Mary's College JLSLC will document the reason for any failure to obtain the client's written acknowledgement. The provider is relieved of the need to request acknowledgement in an emergency treatment situation.

**Access.** Except in certain circumstances, individuals have the right to review and obtain a copy of their protected health information in Saint Mary's College JLSLC's designated record set. The "designated record set" is that group of records maintained by or for Saint Mary's College JLSLC that is used, in whole or part, to make decisions about individuals, or that is a provider's medical and billing records about individuals or a health plan's enrollment, payment, claims adjudication, and case or medical management record systems.

For information included within the right of access, covered entities may deny an individual access in certain specified situations, such as when a health care professional believes access could cause harm to the individual or another. In such situations, the individual must be given the right to have such denials reviewed by a licensed health care professional for a second opinion. Covered entities may impose reasonable, cost-based fees for the cost of copying and postage.

**Amendment.** HIPAA allows Saint Mary's College JLSLC the right to have amendments to their protected health information in a designated record set when that information is inaccurate or incomplete. If Saint Mary's College JLSLC accepts an amendment request, it must make reasonable efforts to provide the amendment to persons that the individual has identified as needing it, and to persons that the covered entity knows might rely on the information to the individual's detriment. If the request is denied, Saint Mary's College JLSLC must provide the individual with a written denial and allow the individual to submit a statement of disagreement for inclusion in the record. HIPAA specifies processes for requesting and responding to a request for amendment. Saint Mary's College JLSLC must amend protected health information in its designated record set upon receipt of notice to amend from another covered entity.

**Disclosure Accounting.** Individuals have a right to an accounting of the disclosures of their protected health information by Saint Mary's College JLSLC or the covered entity's business associates. The maximum disclosure

accounting period is the six years immediately preceding the accounting request, except Saint Mary's College JLSLC is not obligated to account for any disclosure made before its HIPAA compliance date.

HIPAA does not require accounting for disclosures: (a) for treatment, payment, or health care operations; (b) to the individual or the individual's personal representative; (c) for notification of or to persons involved in an individual's health care or payment for health care, for disaster relief, or for facility directories; (d) pursuant to an authorization; (e) of a limited data set; (f) for national security or Intelligence purposes; (g) to correctional institutions or law enforcement officials for certain purposes regarding inmates or individuals in lawful custody; or (h) incident to otherwise permitted or required uses or disclosures. Accounting for disclosures to health oversight agencies and law enforcement officials must be temporarily suspended on their written representation that an accounting would likely impede their activities.

**Restriction Request.** Individuals have the right to request that Saint Mary's College JLSLC restrict use or disclosure of protected health information for treatment, payment or health care operations, disclosure to persons involved in the individual's health care or payment for health care, or disclosure to notify family members or others about the individual's general condition, location, or death. Saint Mary's College JLSLC is under no obligation to agree to requests for restrictions. Saint Mary's College JLSLC does agree to comply with the agreed restrictions, except for purposes of treating the individual in a medical emergency.

**Confidential Communications Requirements.** Saint Mary's College JLSLC permits individuals to request an alternative means or location for receiving communications of protected health information by means other than those that the covered entity typically employs. For example, an individual may request that the provider communicate with the individual through a designated address or phone number. Similarly, an individual may request that the provider send communications in a closed envelope rather than a post card. Saint Mary's College JLSLC must accommodate reasonable requests if the individual indicates that the disclosure of all or part of the protected health information could endanger the individual. Saint Mary's College JLSLC may not question the individual's statement of endangerment. Any covered entity may condition compliance with a confidential communication request on the individual specifying an alternative address or method of contact and explaining how any payment will be handled.

**Privacy Policies and Procedures.** Saint Mary's College JLSLC believes that it has developed and implemented written privacy policies and procedures that are consistent with the HIPAA.

**Privacy Personnel.** The Director of Clinical Practice of Saint Mary's College JLSLC has been designated as the privacy official responsible for developing and implementing its privacy policies and procedures. This person is responsible for receiving complaints and providing individuals with information on the covered entity's privacy practices.

**Workforce Training and Management.** Workforce members include employees, volunteers, trainees, and may also include other persons whose conduct is under the direct control of the entity (whether or not they are paid by the entity). Saint Mary's College JLSLC will train all workforce members on its privacy policies and procedures, as necessary and appropriate for them to carry out their functions. Saint Mary's College JLSLC has and will apply appropriate sanctions against workforce members who violate its privacy policies and procedures, up to and including discharge from the workforce of Saint Mary's College JLSLC.

**Mitigation.** Saint Mary's College JLSLC will attempt to mitigate, to the extent practicable, any harmful effect it learns was caused by use or disclosure of protected health information by its workforce or its business associates in violation of its privacy policies and procedures, FERPA or HIPAA.

**Data Safeguards.** Saint Mary's College JLSLC maintains reasonable and appropriate administrative, technical, and physical safeguards to prevent intentional or unintentional use or disclosure of protected health information in violation of HIPAA and to limit its incidental use and disclosure pursuant to otherwise permitted or required use or disclosure. For example, such safeguards might include shredding documents containing protected health information before discarding them, securing medical records with lock and key or passcode, and limiting access to keys or pass codes.

**Complaints.** Saint Mary's College JLSLC has procedures for individuals to complain about its compliance with its privacy policies and procedures, FERPA and HIPAA.

Saint Mary's College JLSLC explains those procedures in its privacy practices notice. Saint Mary's College JLSLC has identified to whom individuals can submit complaints to at the covered entity and advise that complaints also can be submitted to the Secretary of HHS.

**Retaliation and Waiver.** Saint Mary's College JLSLC will not retaliate against a person for exercising rights provided by HIPAA, for assisting in an investigation by HHS or another appropriate authority, or for opposing an act or practice that the person believes in good faith violates HIPAA. Saint Mary's College JLSLC will not require an individual to waive any right under the Privacy Rule as a condition for obtaining treatment, payment, and enrollment or benefits eligibility.

**Documentation and Record Retention.** Saint Mary's College JLSLC will maintain, until six years (at least) after the later of the date of their creation or last effective date, its privacy policies and procedures, its privacy practices notices, disposition of complaints, and other actions, activities, and designations that HIPAA requires to be documented.

**Personal Representatives.** HIPAA requires Saint Mary's College JLSLC to treat the "*personal representative*" the same as the individual, with respect to uses and disclosures of the individual's protected health information, as well as the individual's rights under HIPAA. A personal representative is a person legally authorized to make health care decisions on an individual's behalf or to act for a deceased individual or the estate. HIPAA permits an exception when Saint Mary's College JLSLC has a reasonable belief that the personal representative may be abusing or neglecting the individual or that treating the person as the personal representative could otherwise endanger the individual.

**Special case:** Minors. In most cases, parents are the personal representatives for their minor children. Therefore, in most cases, parents can exercise individual rights, such as access to the medical record, on behalf of their minor children. In certain exceptional cases, the parent is not considered the personal representative. In these situations, HIPAA defers to State and other law to determine the rights of parents to access and control the protected health information of their minor children. If State and other law is silent concerning parental access to the minor's protected health information, Saint Mary's College JLSLC has discretion to provide or deny a parent access to the minor's health information, provided the decision is made by a licensed health care professional in the exercise of professional judgment.

## **Patient/Client Privacy Practices Notice and Equal Opportunity Policy**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. *Please review it carefully.*

If you have any questions about this notice, please contact our Privacy Officer. *(Contact information for our Privacy Officer appears at the end of this Notice.)*

### Who Will Follow the Practices Outlined in This Notice?

We recognize that information about your health and the care you receive is very sensitive and personal, and we will use every effort to protect that information in accordance with our privacy practices.

### Health Information Disclosure Form

This notice describes the privacy practices of Saint Mary's College Department of Communicative Sciences and Disorders (CSD) the Judd Leighton Speech and Language Clinic (JLSLC) its staff, faculty and students as well as any volunteers.

### Our Responsibilities

We are required by law to maintain the privacy of your health information and to provide you with this Notice of our legal duties and privacy practices and your rights with respect to the health information we collect, create and maintain about you. We will not use or disclose your health information without your authorization, except as described in this notice.

### How We May Use and Disclose Health Information About You

We are either permitted or required by law to use and/or disclose your health information for various purposes. We cannot describe every possible use or disclosure of your health information in this Notice. However, uses or disclosures that we are permitted or required to make will generally fall within one of the following categories:

#### We will use your health information for your treatment

For example: Information obtained by physicians, nurses, technicians, students and other staff will be recorded in your record, shared with people involved in your care, and used to recommend your course of treatment.

#### We will use your health information to obtain payment for care provided to you

For example: A bill may be sent to you, your insurance company or a third party payer for the services we provide to you. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, and procedures and supplies used in your care. 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.

#### We will use your health information for our health care operations

For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to faculty, staff and students, for review and learning purposes.

### Facility Directories

We may include your name and location in the facility following your written consent.

### Family Members/Personal Representatives

We may disclose your health information to your guardian, or other designated person after obtaining your written consent.

### Appointment Reminders

We may use and disclose health information when scheduling appointments for your evaluation or treatment and to remind you about those appointments.

### Marketing

We may contact you to determine if you are amenable to participating in our marketing endeavors, in order to obtain your explicit written consent for said endeavors.

### Disasters

In the event of a disaster, we may disclose health 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.

### Business Associates

There are some services provided in our organization through contracts with unrelated persons. Examples include transcription services or billing services. When these services are contracted, we may disclose your health 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 your health information when required to do so by federal, state or local law. For example, we may disclose your health information to representatives of the Office for Civil Rights of the U.S. Department of Health and Human Services so that they may ensure that we are appropriately protecting the privacy of your health information.

### To Avert a Serious Threat to Health or Safety

We may use and disclose health information about you when necessary to prevent 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 able to help prevent the threat.

### Military and Veterans

If you are a member of the armed forces, we will release your health information as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority. We may use or disclose your health information to components of the Department of Veterans Affairs to determine whether you are eligible for certain benefits.

### Workers' Compensation

We may release your health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

### Public Health

As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability, to report vital statistics such as deaths, to report child abuse, or to notify appropriate persons of adverse reactions to products or drugs or of a product recall.

### Health Oversight Activities

We may disclose health information to a health oversight agency for activities authorized by law. Examples of these activities include audits, investigations, inspections, licensure, and other activities that are necessary for the government to monitor the health care system, government programs and compliance with civil rights.

### Lawsuits and Disputes

We may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process (but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested).

### Law Enforcement

We may release health information for law enforcement purposes as required by law or in response to valid legal process. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more clients, workers or the public.

### Coroners, Medical Examiners and Funeral Directors

We may release health information to a coroner or medical examiner to identify a deceased person or determine the cause of death. We may also release health information about clients to funeral directors as necessary to allow them to carry out their duties.

### National Security and Intelligence Activities

We will release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

### Research

In limited situations, we may use your health information in connection with research activities or activities in preparation for research. In most instances, we may not use your health information for research purposes without your authorization.

### Incidental Uses and Disclosures

We may use or disclose your medical information if it is a by-product of any of the uses or disclosures described above and it could not be reasonably prevented.

### Your Authorization

Uses and disclosures of health information that do not fall within the categories listed above or the laws that apply to us will be made only with your written authorization. If you provide us with authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your health information for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your authorization, and we are required to retain our records of the care that we provided to you.

### Your health information rights

You have the right (1) to inspect and obtain a copy of your health information, (2) to obtain from us an accounting of certain disclosures of your health information, (3) to request that your health information is communicated in a particular way (for example, you may ask us not to provide information over the phone to another member of your household) or to a location of your choice (for example, to your office rather than home), (4) to request that we amend your health information if you feel it is incorrect; and (5) to a paper copy of this Notice. In very limited circumstances, we may deny these requests. You also have the right to request a restriction on our uses and disclosures of your health information for treatment, payment or health care operations as described above or to members of your family or friends involved in your care or payment for that care, but we are not required to comply with these requests. You may make any of the requests described above by contacting our Privacy Officer in writing at the address listed at the end of this Notice. We will respond to all such requests in writing.

### Changes to our privacy practices

We are required to abide by the terms of this Notice. However, we reserve the right to change this notice in the future. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. Updated notices will be available upon request, and



we will post a copy of the updated notice in our facilities and on our website. The effective date of the notice will be displayed on the top right-hand corner of the first page of the notice.

**For more information or to report a complaint**

If you have questions and would like additional information, you may contact our Privacy Officer at: **574-284-4532**. If you believe your privacy rights have been violated, you may file a complaint with Saint Mary's Communicative Disorders Clinic or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. To file a complaint with the Saint Mary's Communicative Disorders Clinic, you should address your written complaint as follows:

Saint Mary's College Communicative Disorders Clinic:

**Janet Lovett, Director of Clinical Education**  
**Communicative Sciences and Disorders Department**  
**3 Madeleva Bldg. Ste 150**  
**Saint Mary's College**  
**Notre Dame, IN 46556**

It is your right to file a complaint if you feel that your privacy rights have been violated. You will not be penalized in any way for doing so.

**Equal Opportunity Policy**

The Saint Mary's Judd Leighton Clinic does not discriminate in the delivery of professional services on the basis of race, color, religion, national or ethnic origin, disability, age, sexual orientation, genetic information, citizenship or status as a covered veteran; or other characteristics protected by federal, state or local statute or ordinance.

Questions pertaining to discrimination may be directed to:

Clinic or Program Director  
Department of Communicative Sciences and Disorders  
34 Madeleva Hall, Ste 150  
Saint Mary's College  
Notre Dame, IN 46556

American Speech and Language Association,  
Council on Academic Accreditation  
ASHA National Office  
2200 Research Boulevard  
Rockville, MD 20850-3289  
USA  
Members: 800-498-2071  
Non-Member: 800-638-8255  
<http://www.asha.org/about/contacts/>

Further information can be obtained from the Office of Civil Rights website: <http://www.state.gov/s/ocr/>

**JUDD LEIGHTON SPEECH AND LANGUAGE CLINIC**

**I Acknowledge receipt of these privacy practices and equal opportunity policy**

Signature of Responsible Party: \_\_\_\_\_

Print Name of Responsible Party: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Office:

Effective Date: \_\_\_\_\_

**JUDD LEIGHTON SPEECH AND LANGUAGE CLINIC**  
**Consent and Limitation & Waiver Form**

As part of an educational program for students in the Department of Communicative Sciences and Disorders, we would like to obtain permission to observe and video/photograph testing and therapy sessions in a variety of ways. Below please initial as many options as are comfortable for you. Regardless of the permission you initial below, we will protect the confidentiality of your identifying information regarding you/your child (i.e. your name, address, workplace, etc.). We acknowledge that there is potential for incidental disclosure of your otherwise protected information as described by the Healthcare Insurance Portability and Accountability Act of 1996 (HIPAA), however all reasonable care has been taken to protect this information.

\_\_\_ I consent to evaluation and/or treatment of myself/my child at the above named clinic.

\_\_\_ I consent to observation of myself/my child during all evaluation and therapy sessions.

**I consent to audio taping/videotaping/video recording of myself/my child for the following purposes:**

\_\_\_ for the initial evaluation, to help in analyzing communication.

\_\_\_ for student, clinician, and supervisor to analyze your/your child's communication in therapy sessions and to plan future therapy sessions.

\_\_\_ for student or faculty research projects conducted at Saint Mary's College.

\_\_\_ for Saint Mary's College instructors to provide examples of various communication disorders, cognitive issues, and/or swallowing problems in their classes.

**I consent to the photographing of myself/my child for the following purposes:**

\_\_\_ for student, clinician, and supervisor to create therapy materials related to future sessions and treatment planning.

\_\_\_ for student or faculty research projects conducted at Saint Mary's College.

\_\_\_ for Saint Mary's College instructors to provide examples of various communication disorders/patterns, cognitive issues and/or swallowing problems in their classes.

**Limitation & Waiver of Liability**

\_\_\_ I/We as client and/or legal guardian(s) of \_\_\_\_\_ do hereby agree to limit the liability of Saint Mary's College Judd Leighton Speech and Language clinic (JLSLC) Saint Mary's college, its staff, students and faculty.

\_\_\_ I/We agree to waive all liability of the Department of Communicative Sciences and Disorders Program, Saint Mary's JLSLC, Saint Mary's College, its staff, students and faculty for any accident, injury, illness or other mishap which might befall the above named client or his/her guardian (s) while traveling to or from or during his/ her attendance at the above named clinic.

\_\_\_ I/We grant this limitation and waiver of liability in partial consideration for our above named client's acceptance into the program.

\_\_\_ I/We have read and understand the above.

Client Name: \_\_\_\_\_

Client or Guardian Signature: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

**JUDD LEIGHTON SPEECH AND LANGUAGE CLINIC**

**Permission to Accompany a Minor Child**

CONSENT FORM: For Permission to accompany minor child from \_\_\_\_\_  
\_\_\_\_\_ to Saint Mary's Judd Leighton Speech and Language Clinic (JLSLC) 150 Madeleva  
and back to \_\_\_\_\_.

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, give consent  
for \_\_\_\_\_ to walk my child from ECDC-SMC to Saint Mary's  
JLSLC located at 150 Madeleva Hall on the campus of Saint Mary's College Notre dame Indiana  
for the purpose of attending speech therapy at the aforementioned clinic. Upon arrival to  
\_\_\_\_\_ the student clinician will sign my child out after retrieving him/her from  
the classroom teacher or representative.

I also agree to allow the above mentioned student clinician, \_\_\_\_\_, to  
return my child back to \_\_\_\_\_ immediately following his/her speech therapy  
session at the clinic described above. Permission is granted expressly for purposes of walking my  
child, \_\_\_\_\_, back to \_\_\_\_\_. Upon  
arrival at \_\_\_\_\_ the student clinician will sign my child in and deliver him to the  
classroom teacher or representative.

Name of Child: \_\_\_\_\_

\_\_\_\_\_  
Signature of responsible party Date

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Witness Date

**JUDD LEIGHTON SPEECH AND LANGUAGE CLINIC  
Waiver for Emergency Treatment Form**

Client's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_

**Emergency Data:** Name(s) and telephone number(s) at which parent(s) or guardian(s) or responsible parties can be reached during the time the child will be attending Saint Mary's College JUDD LEIGHTON SPEECH AND LANGUAGE CLINIC.

Mother's Name (Guardian)	Home Phone	Business Phone
Father's Name (Guardian)	Home Phone	Business Phone
Responsible Party	Home Phone	Business Phone

**HOSPITALIZATION COVERAGE**

Name/Ins. Co. \_\_\_\_\_ Policy # \_\_\_\_\_

**Consent for Treatment:** I/We grant permission to the staff of Saint Mary's College JUDD LEIGHTON SPEECH AND LANGUAGE PROGRAM, to render emergency medical treatment as needed to the above named person. In a life and death situation or serious injury we will act immediately to protect the person and contact you as soon as possible, in an attempt to contact you before we proceed with emergency services. If we are unable to contact you, we will act in the best interest of the person, including calling 911 for immediate transport to the nearest hospital. Further, parent/guardians hereby acknowledge and accept financial responsibility for any emergency medical treatment that may be provided.

\_\_\_\_\_  
Signature of responsible party Date

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Witness Date

**JUDD LEIGHTON SPEECH AND LANGUAGE CLINIC**

**Authorization for the Release of Information  
To Outside organizations**

I do hereby authorize the Judd Leighton Speech and Language Clinic at Saint Mary's College to furnish information concerning \_\_\_\_\_ with respect to evaluation results and/or therapy reports to the following:

1	Name:			
	Street:	City:	State:	Zip:
2	Name:			
	Street:	City:	State:	Zip:
3	Name:			
	Street:	City:	State:	Zip:
4	Name:			
	Street:	City:	State:	Zip:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Date of release valid from date signed until: \_\_\_\_\_

**JUDD LEIGHTON SPEECH AND LANGUAGE CLINIC**

**Authorization of the Release of Information  
To the Clinic**

I do hereby authorize the listed professionals to provide information with respect to SPEECH THERAPY concerning the listed client to the Judd Leighton Speech and Language Clinic at Saint Mary's College.

I do hereby authorize:

Name:

Street:

City:

State:

Zip:

Telephone:

To furnish information concerning:

(Name)

(Date of Birth)

With respect to SPEECH THERAPY evaluation results and/or therapy reports to the following:

**Clinic Director**

**Communicative Sciences and Disorders Program**

**Saint Mary's College**

**34 Madeleva Hall, Ste 150**

**Notre Dame, IN**

Signature:

Date:

Relationship to patient:

Witness:

Date:

Title:

**JUDD LEIGHTON SPEECH AND LANGUAGE CLINIC**

**Acknowledgement of Receipt of Attendance Policy**

Clients are expected to attend scheduled appointments at the designated time on the designated day. After two absences due to failure to show for the scheduled appointment, with no call to cancel the appointment, the client may not be eligible for admission into the program in the next semester.

Three or more excused absences in a semester can also result in loss of admission to the program the next semester, at the discretion of the Clinical Director.

The client will be eligible for re-enrollment in the program after a one semester hiatus once discharged due to attendance problems.

If attendance problems remain a problem during the next enrollment period the client will be discharged and will no longer be eligible for attendance in the program, unless specific arrangements are made with the clinic director.

---

Signature of responsible party

Date

---

Relationship to child

---

Witness

Date





## **Appendix B: Student Clinician Forms and Information**

**JUDD LEIGHTON SPEECH AND LANGUAGE CLINIC**

**Adult Diagnostic Report**

Client	Date of Birth
Guardian (if applies)	
Address	
Clinician	Supervisor
Referred by	Date of report
Diagnosis	Date of Evaluation
<b>Background and reason for referral history</b>	
Reason for referral	
Medical History	
Family and Social History	
Educational History	
Intervention History:	
<b>Assessment Information</b>	
Attention/behavior	
Hearing screening	
Speech production and intelligibility	
Language production and comprehension	
Cognitive	
Fluency	
Voice	
Swallowing	
<b>Diagnostic Summary</b>	
<b>Recommendations</b>	
Signatures	
Submitted by (student clinician)	
Approved by (supervisor)	

**JUDD LEIGHTON SPEECH AND LANGUAGE CLINIC**

**Pediatric Diagnostic Report**

Client	Date of Birth
Parents/Guardian	
Address	
Clinician	Supervisor
Referred by	Date of report
Diagnosis	Date of Evaluation

**Background and reason for referral history**

Reason for referral
Birth and Developmental history
Medical History
Family and Social History
Educational History

**Assessment Information**

Attention/behavior
Hearing screening
Speech production and intelligibility
Language production and comprehension
Cognitive
Fluency
Voice
Swallowing

**Diagnostic Summary**

**Recommendations**

Signatures
Submitted by (student clinician)
Approved by (supervisor)

**JUDD LEIGHTON SPEECH AND LANGUAGE CLINIC  
Screening Audiogram**

CLIENT NAME: \_\_\_\_\_

DATE OF SCREENING: \_\_\_\_\_

Screened at: \_\_\_\_\_ dB

Ear	500 Hz	1000 Hz	2000 Hz	4000 Hz
Right				
Left				

\_\_\_\_\_ Pass

\_\_\_\_\_ Fail

Signature: \_\_\_\_\_  
Student clinician

Approved: \_\_\_\_\_  
Supervising Clinician

**JUDD LEIGHTON SPEECH AND LANGUAGE CLINIC  
Comprehensive Treatment Plan**

Name: \_\_\_\_\_ Date of Report: \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Semester/year: \_\_\_\_\_  
Diagnosis \_\_\_\_\_

**Background Information**

**Target Behaviors**

Final Target:

Initial Target:

**Treatment and Probe Procedures**

**Maintenance Program**

Submitted By: \_\_\_\_\_

Approved By: \_\_\_\_\_

Received by: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

**JUDD LEIGHTON SPEECH AND LANGUAGE CLINIC**

**Brief Treatment Plan/Progress Note**

CLIENT: \_\_\_\_\_ DIAGNOSIS: \_\_\_\_\_

DOB: \_\_\_\_\_ REFERRAL: \_\_\_\_\_

C.A.: \_\_\_\_\_ CLINICIAN: \_\_\_\_\_

TREATMENT SESSION: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

**Brief History**

Long Term Goal: \_\_\_\_\_

Short Term Objectives: \_\_\_\_\_

Subjective: \_\_\_\_\_

Objective: \_\_\_\_\_

Long Term Goal (s): \_\_\_\_\_

Short Term Objectives, Procedure, Method, and Results:

Assessment:

Plan:

Signature student clinician: \_\_\_\_\_

Printed Student Clinician name: \_\_\_\_\_

\_\_\_\_\_  
Supervising clinician

**JUDD LEIGHTON SPEECH AND LANGUAGE CLINIC  
Comprehensive Treatment Summary**

Name: \_\_\_\_\_ Date of Report: \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Semester/year: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_

Background Information \_\_\_\_\_

Target Behaviors \_\_\_\_\_

    Long Term Goal(s) \_\_\_\_\_

    Short Term Objectives and Data \_\_\_\_\_

Treatment Interventions/Procedures \_\_\_\_\_

Impressions and Recommendations \_\_\_\_\_

Home Program or Maintenance Program \_\_\_\_\_

Submitted By: \_\_\_\_\_

Approved By: \_\_\_\_\_

Received by: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_





**JUDD LEIGHTON SPEECH AND LANGUAGE CLINIC**  
**Report of Audiology Observation**

---

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Place of Observation: \_\_\_\_\_ Time (total): \_\_\_\_\_  
Clinician Observed: \_\_\_\_\_ Client's Age: \_\_\_\_\_  
Complaint: \_\_\_\_\_ Activity Observed: \_\_\_\_\_

---

Summary of History:

Procedures Employed:

Summary of Results:

Recommendations:

Impression, Observations, Remarks about the session/clinician:

**JUDD LEIGHTON SPEECH AND LANGUAGE CLINIC**  
**Audiogram**

Department of Communicative Sciences and Disorders  
 Saint Mary's College  
 Notre Dame, IN 4655  
 Phone: (574) 284-5210

DATE	RELIABILITY

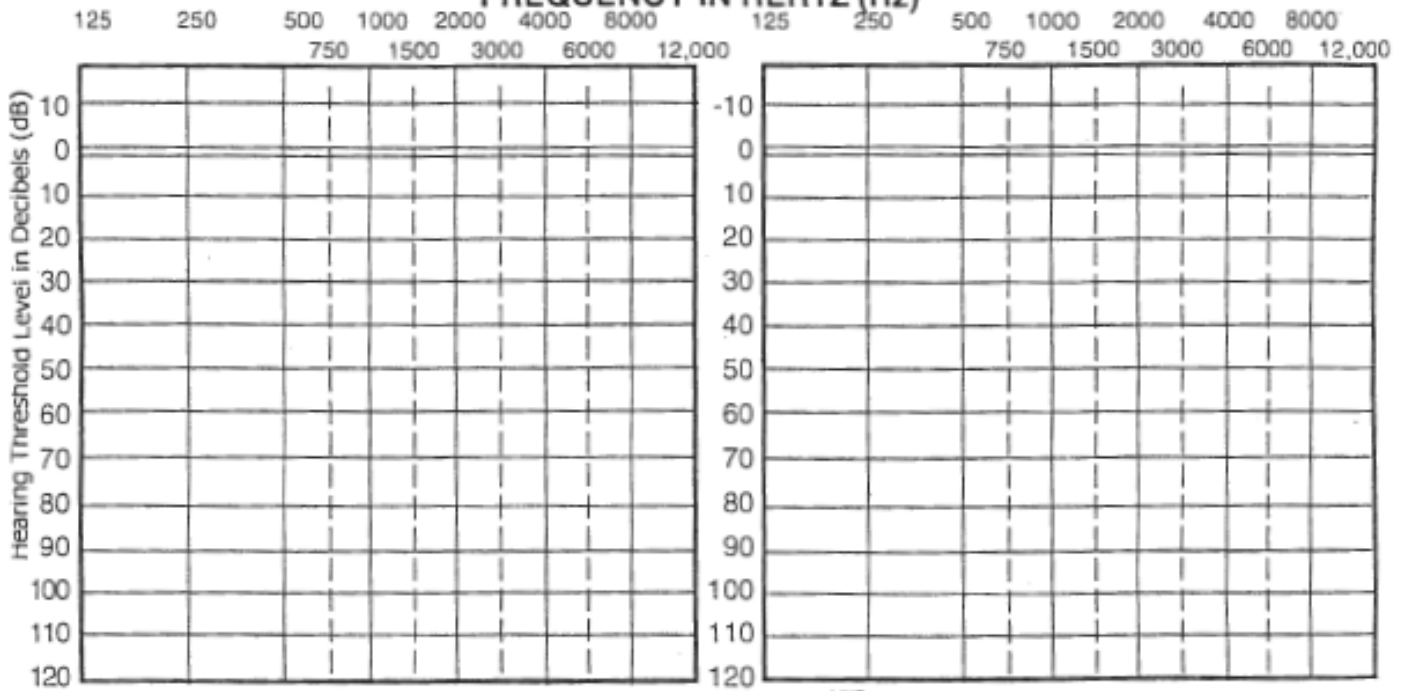
Air Conduction	Right	Left	Bone Conduction	Right	Left	Sound Field	S
Unmasked	○	×	Unmasked	<	>	Aided	A
Masked	△	□	Masked	◁	▷	No Response	↓

AUDIOMETER

**RIGHT EAR**

**LEFT EAR**

**FREQUENCY IN HERTZ (Hz)**



**SPEECH AUDIOMETRY**

<b>R</b>	SRT	MASK	SDT	%	HL	MASK

LIVE VOICE \_\_\_\_\_ TAPE \_\_\_\_\_ LIST # \_\_\_\_\_

<b>L</b>	SRT	MASK	SDT	%	HL	MASK

**ACOUSTIC REFLEX TESTING**

1000Hz	Stim R	Stim L	Decay
Probe R			
Probe L			

**JUDD LEIGHTON SPEECH AND LANGUAGE CLINIC  
Student Consent Form**

As a student at Saint Mary's College you have the right to expect certain levels of privacy as outlined in FERPA (Family Educational Rights and Privacy Act). In compliance with this act please sign below and initial all consents to which you agree. Refusal to allow any or all of the requested items does not preclude you from participating in Saint Mary's Judd Leighton Speech and Language Clinic (except where mandated by ASHA guidelines for fulfillment of clinic hours towards the degree) or the Department of Communicative Sciences and Disorders.

Please initial:

- \_\_\_\_\_ I consent to observation of myself during all evaluation and therapy sessions.
- \_\_\_\_\_ I consent to audio taping/videotaping/video recording of myself during therapy sessions
- \_\_\_\_\_ I consent to students, clinicians and supervisors to create therapy materials related to future sessions and treatment planning.
- \_\_\_\_\_ I consent to students or Faculty research projects conducted at Saint Mary's College to use my image
- \_\_\_\_\_ I consent to parents or guardians of a client and/or the client to retain a DVD, audiotape or photograph of my image.

Student Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_



## Judd Leighton Speech and Language Clinic

### Incident Report

Client's or Student's Name: \_\_\_\_\_ (If child) Age: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. / p.m. Location of Incident: \_\_\_\_\_

Nature of injury/incident (i.e. head bump, scrape, cut, etc.): \_\_\_\_\_

Describe Incident (what happened, where it occurred?): \_\_\_\_\_

Name(s) of staff member(s) witnessing Incident: \_\_\_\_\_

Was the client/student given first aid? Yes \_\_\_\_\_ No \_\_\_\_\_ Describe: \_\_\_\_\_

Client/student/parent-of-child received a copy of this Incident Report? Yes \_\_\_\_\_ No \_\_\_\_\_ If not why? \_\_\_\_\_

Was the Client/Student sent/taken home? No \_\_\_\_\_ Yes \_\_\_\_\_ Taken by whom? \_\_\_\_\_

Was the Client/Student sent/taken to a physician/hospital? No \_\_\_\_\_ Yes \_\_\_\_\_

Name of physician/hospital \_\_\_\_\_

CSD Staff Comments: \_\_\_\_\_

Staff/Clinician Signature \_\_\_\_\_

Clinic Director/Program Director Signature \_\_\_\_\_

### Referral Form

<i>Phone: New Client Info</i>	Date:	Time:	Your initials:	
Caller	First:	Last:		
Client	First:	Last:		
Address to mail intake	Street:			
	City, State, Zip			
Home Phone:		Cell Phone:		
Client's DOB dd/mm/yyyy: ____/____/____		Reason for call:	Days & Time avail:	
Referred by:	Followup/sent intake <input type="checkbox"/>	Medicat #	File made <input type="checkbox"/>	Intake rec <input type="checkbox"/>
e-mail:				

**Essential Functions**



**ESSENTIAL FUNCTIONS  
SPEECH-LANGUAGE PATHOLOGY PROGRAM  
JUDD LEIGHTON SPEECH AND LANGUAGE CLINIC**

**STUDENT** \_\_\_\_\_

**ACADEMIC ADVISOR** \_\_\_\_\_

ESSENTIAL FUNCTIONS CHECK LIST FOR: \_\_\_\_\_

**Introduction**

In order to acquire the knowledge and skills requisite to the practice of speech-language pathology and/or audiology to function in a broad variety of clinical situations, and to render a wide spectrum of client care, individuals must have essential skills and attributes in five areas: communication, motor, intellectual-cognitive, sensory-observational, and behavioral-social. These skills enable a student to meet graduate and professional requirements as measured by state and national credentialing agencies. Many of these skills can be learned and developed during the course of the graduate program through coursework and clinical experience. Failure to meet or maintain the Essential Functions may result in action against the student, including, but not limited to dismissal from the program.

**For Supervisors:**

Students have read the "Essential Functions of Speech-Language Pathology Program." They understand that if they fail to meet and/or maintain the Essential Functions they may be subject to action against them by Saint Mary's College, including but not limited to dismissal.

Please assess student by checking the appropriate box for each skill:

<b>A. Communication</b> A student must possess adequate communication skills to:	N/A	Met	Emerging	Remediate (attach plan)
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, effectively, and legible on client documentation, reports, and scholarly papers required as part of course work and professional practice.				
Convey information accurately with relevance and cultural sensitivity.				

<b>B. Motor</b> A student must possess adequate motor skills to:	N/A	Met	Emerging	Remediate (attach plan)
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 workdays.				
Efficiently manipulate testing and treatment environment and material without violation of testing protocol and with best therapeutic practice.				
Manipulate client-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.)				

<b>C. Intellectual/Cognitive:</b> A student must possess adequate intellectual and cognitive skills to:	N/A	Met	Emerging	Remediate (attach plan)
Comprehend, retain, integrate, synthesize, infer, evaluate and apply written and verbal information sufficient to meet curricular and clinical demands.				
Identify significant finding from history, evaluation, and data to formulate a diagnosis and develop a treatment plan.				
Solve problems, reason, and make sound clinical judgments in client 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.				



<b>D. Sensory/Observational</b> A student must possess adequate sensory skills of vision, hearing, tactile, and smell to:	N/A	Met	Emerging	Remediate (attach plan)
Display mature, empathetic and effective professional relationships by exhibiting compassion, integrity, and concern for others.				
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 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.				
Demonstrates professionalism at all times during internship, whether clients are present or not.				

<b>Clinic Term</b> (circle one):	<b>Fall</b>	<b>Spring</b>	<b>Summer</b>
-------------------------------------	-------------	---------------	---------------

\_\_\_\_\_  
**Clinical supervisor signature/ASHA number**

\_\_\_\_\_  
**Date**

Return to:  
 Judd Leighton Speech and Language Clinic  
 34 Madeleva Hall, Ste 150  
 Saint Mary's College  
 Notre Dame, IN 46556



## Resources

### ASHA Code of Ethics

#### Table of Contents

- Preamble
- Principle of Ethics I
- Rules of Ethics
- Principle of Ethics II
- Rules of Ethics
- Principle of Ethics III
- Rules of Ethics
- Principle of Ethics IV
- Rules of Ethics

#### Preamble

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by speech-language pathologists, audiologists, and speech, language, and hearing scientists. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose.

Every individual who is (a) a member of the American Speech-Language-Hearing Association, whether certified or not, (b) a nonmember holding the Certificate of Clinical Competence from the Association, (c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification shall abide by this Code of Ethics.

Any violation of the spirit and purpose of this Code shall be considered unethical. Failure to specify any particular responsibility or practice in this Code of Ethics shall not be construed as denial of the existence of such responsibilities or practices.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics as they relate to the responsibility to persons served, the public, speech-language pathologists, audiologists, and speech, language, and hearing scientists, and to the conduct of research and scholarly activities.

Principles of Ethics, aspirational and inspirational in nature, form the underlying moral basis for the Code of Ethics. Individuals shall observe these principles as affirmative obligations under all conditions of professional activity.

Rules of Ethics are specific statements of minimally acceptable professional conduct or of prohibitions and are applicable to all individuals.

## ASHA Code of Ethics

### Principle of Ethics I

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

### Rules of Ethics

- A. Individuals shall provide all services competently.
- B. Individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided.
- C. Individuals shall not discriminate in the delivery of professional services or the conduct of research and scholarly activities on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
- D. Individuals shall not misrepresent the credentials of assistants, technicians, support personnel, students, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name and professional credentials of persons providing services.
- E. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, and judgment that are within the scope of their profession to assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
- F. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services to assistants, technicians, support personnel, or any other persons only if those services are appropriately supervised, realizing that the responsibility for client welfare remains with the certified individual.
- G. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession to students only if those services are appropriately supervised. The responsibility for client welfare remains with the certified individual.
- H. Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed, and they shall inform participants in research about the possible effects of their participation in research conducted.
- I. Individuals shall evaluate the effectiveness of services rendered and of products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
- J. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.
- K. Individuals shall not provide clinical services solely by correspondence.

## ASHA Code of Ethics

- L. Individuals may practice by telecommunication (e.g., telehealth/e-health), where not prohibited by law.
- M. Individuals shall adequately maintain and appropriately secure records of professional services rendered, research and scholarly activities conducted, and products dispensed, and they shall allow access to these records only when authorized or when required by law.
- N. Individuals shall not reveal, without authorization, any professional or personal information about identified persons served professionally or identified participants involved in research and scholarly activities unless doing so is necessary to protect the welfare of the person or of the community or is otherwise required by law.
- O. Individuals shall not charge for services not rendered, nor shall they misrepresent services rendered, products dispensed, or research and scholarly activities conducted.
- P. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if their participation is voluntary, without coercion, and with their informed consent.
- Q. Individuals whose professional services are adversely affected by substance abuse or other health-related conditions shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.
- R. Individuals shall not discontinue service to those they are serving without providing reasonable notice.

## 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 shall engage in the provision of clinical services only when they hold the appropriate Certificate of Clinical Competence or when they are in the certification process and are supervised by an individual who holds the appropriate Certificate of Clinical Competence.
- B. Individuals shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their level of education, training, and experience.
- C. Individuals shall engage in lifelong learning to maintain and enhance professional competence and performance.
- D. Individuals shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's competence, level of education, training, and experience.
- E. Individuals shall ensure that all equipment used to provide services or to conduct research and scholarly activities is in proper working order and is properly calibrated.

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### Principle of Ethics III

Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions, including the dissemination of research findings and scholarly activities, and the promotion, marketing, and advertising of products and services.

### Rules of Ethics

- A. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly or research contributions.
- B. Individuals shall not participate in professional activities that constitute a conflict of interest.
- C. Individuals shall refer those served professionally solely on the basis of the interest of those being referred and not on any personal interest, financial or otherwise.
- D. Individuals shall not misrepresent research, diagnostic information, services rendered, results of services rendered, products dispensed, or the effects of products dispensed.
- E. Individuals shall not defraud or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants for services rendered, research conducted, or products dispensed.
- F. Individuals' statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.
- G. Individuals' statements to the public when advertising, announcing, and marketing their professional services; reporting research results; and promoting products shall adhere to professional standards and shall not contain misrepresentations.

### Principle of Ethics IV

Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of other professions and disciplines.

### Rules of Ethics

- A. Individuals shall uphold the dignity and autonomy of the professions, maintain harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.
- B. Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.
- C. Individuals shall not engage in dishonesty, fraud, deceit, or misrepresentation.

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- D. Individuals shall not engage in any form of unlawful harassment, including sexual harassment or power abuse.
- E. Individuals shall not engage in any other form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- F. Individuals shall not engage in sexual activities with clients, students, or research participants over whom they exercise professional authority or power.
- G. Individuals shall assign credit only to those who have contributed to a publication, presentation, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- H. Individuals shall reference the source when using other persons' ideas, research, presentations, or products in written, oral, or any other media presentation or summary.
- I. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
- J. Individuals shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.
- K. Individuals shall not discriminate in their relationships with colleagues, students, and members of other professions and disciplines on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
- L. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation, nor should the Code of Ethics be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
- M. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the Board of Ethics.
- N. Individuals shall comply fully with the policies of the Board of Ethics in its consideration and adjudication of complaints of violations of the Code of Ethics.

**Index terms:** ethics

**Reference this material as:** American Speech-Language-Hearing Association. (2010). *Code of ethics* [Ethics]. Available from [www.asha.org/policy](http://www.asha.org/policy)

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doi:10.1044/policy.ET2010-00309

## Scope of Practice in Speech-Language Pathology

### Ad Hoc Committee on the Scope of Practice in Speech-Language Pathology

#### About this Document

This scope of practice document is an official policy of the American Speech-Language-Hearing Association (ASHA) defining the breadth of practice within the profession of speech-language pathology. This document was developed by the ASHA Ad Hoc Committee on the Scope of Practice in Speech-Language Pathology. Committee members were Kenn Apel (chair), Theresa E. Bartolotta, Adam A. Brickell, Lynne E. Hewitt, Ann W. Kummer, Luis F. Riquelme, Jennifer B. Watson, Carole Zangari, Brian B. Shulman (vice president for professional practices in speech-language pathology), Lemmieta McNeilly (ex officio), and Diane R. Paul (consultant). This document was approved by the ASHA Legislative Council on September 4, 2007 (LC 09-07).

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#### Introduction

The *Scope of Practice in Speech-Language Pathology* includes a statement of purpose, a framework for research and clinical practice, qualifications of the speech-language pathologist, professional roles and activities, and practice settings. The speech-language pathologist is the professional who engages



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in clinical services, prevention, advocacy, education, administration, and research in the areas of communication and swallowing across the life span from infancy through geriatrics. Given the diversity of the client population, ASHA policy requires that these activities are conducted in a manner that takes into consideration the impact of culture and linguistic exposure/acquisition and uses the best available evidence for practice to ensure optimal outcomes for persons with communication and/or swallowing disorders or differences.

As part of the review process for updating the *Scope of Practice in Speech-Language Pathology*, the committee made changes to the previous scope of practice document that reflected recent advances in knowledge, understanding, and research in the discipline. These changes included acknowledging roles and responsibilities that were not mentioned in previous iterations of the *Scope of Practice* (e.g., funding issues, marketing of services, focus on emergency responsiveness, communication wellness). The revised document also was framed squarely on two guiding principles: evidence-based practice and cultural and linguistic diversity.

### Statement of Purpose

The purpose of this document is to define the *Scope of Practice in Speech-Language Pathology* to

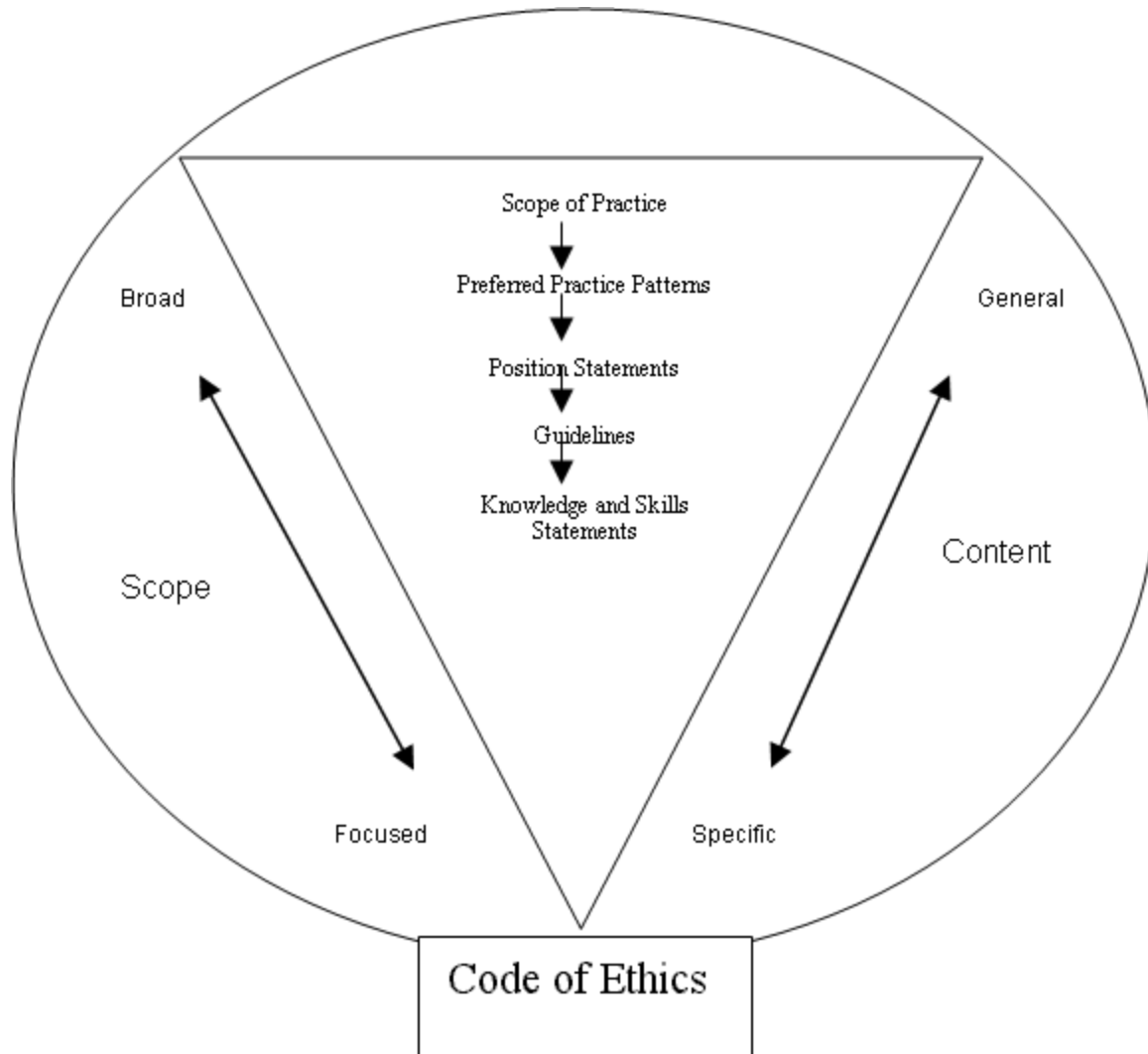
1. delineate areas of professional practice for speech-language pathologists;
2. inform others (e.g., health care providers, educators, other professionals, consumers, payers, regulators, members of the general public) about professional services offered by speech-language pathologists as qualified providers;
3. support speech-language pathologists in the provision of high-quality, evidence-based services to individuals with concerns about communication or swallowing;
4. support speech-language pathologists in the conduct of research;
5. provide guidance for educational preparation and professional development of speech-language pathologists.

This document describes the breadth of professional practice offered within the profession of speech-language pathology. Levels of education, experience, skill, and proficiency with respect to the roles and activities identified within this scope of practice document vary among individual providers. A speech-language pathologist typically does not practice in all areas of the field. As the ASHA Code of Ethics specifies, individuals may practice only in areas in which they are competent (i.e., individuals' scope of competency), based on their education, training, and experience.

In addition to this scope of practice document, other ASHA documents provide more specific guidance for practice areas. [Figure 1](#) illustrates the relationship between the ASHA Code of Ethics, the *Scope of Practice*, and specific practice documents. As shown, the ASHA Code of Ethics sets forth the fundamental principles and rules considered essential to the preservation of the highest standards of integrity and ethical conduct in the practice of speech-language pathology.

**Figure 1.** Conceptual Framework of ASHA Practice Documents

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Speech-language pathology is a dynamic and continuously developing profession. As such, listing specific areas within this *Scope of Practice* does not exclude emerging areas of practice. Further, speech-language pathologists may provide additional professional services (e.g., interdisciplinary work in a health care setting, collaborative service delivery in schools, transdisciplinary practice in early intervention settings) that are necessary for the well-being of the individual(s) they are serving but are not addressed in this *Scope of Practice*. In such instances, it is both ethically and legally incumbent upon professionals to determine whether they have the knowledge and skills necessary to perform such services.

This scope of practice document does not supersede existing state licensure laws or affect the interpretation or implementation of such laws. It may serve, however, as a model for the development or modification of licensure laws.

### Framework for Research and Clinical Practice

The overall objective of speech-language pathology services is to optimize individuals' ability to communicate and swallow, thereby improving quality of life. As the population profile of the United

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States continues to become increasingly diverse ([U.S. Census Bureau, 2005](#)), speech-language pathologists have a responsibility to be knowledgeable about the impact of these changes on clinical services and research needs. Speech-language pathologists are committed to the provision of culturally and linguistically appropriate services and to the consideration of diversity in scientific investigations of human communication and swallowing. For example, one aspect of providing culturally and linguistically appropriate services is to determine whether communication difficulties experienced by English language learners are the result of a communication disorder in the native language or a consequence of learning a new language.

Additionally, an important characteristic of the practice of speech-language pathology is that, to the extent possible, clinical decisions are based on best available evidence. ASHA has defined evidence-based practice in speech-language pathology as an approach in which current, high-quality research evidence is integrated with practitioner expertise and the individual's preferences and values into the process of clinical decision making ([ASHA, 2005](#)). A high-quality basic, applied, and efficacy research base in communication sciences and disorders and related fields of study is essential to providing evidence-based clinical practice and quality clinical services. The research base can be enhanced by increased interaction and communication with researchers across the United States and from other countries. As our global society is becoming more connected, integrated, and interdependent, speech-language pathologists have access to an abundant array of resources, information technology, and diverse perspectives and influence (e.g., [Lombardo, 1997](#)). Increased national and international interchange of professional knowledge, information, and education in communication sciences and disorders can be a means to strengthen research collaboration and improve clinical services.

The World Health Organization (WHO) has developed a multipurpose health classification system known as the International Classification of Functioning, Disability and Health (ICF; [WHO, 2001](#)). The purpose of this classification system is to provide a standard language and framework for the description of functioning and health. The ICF framework is useful in describing the breadth of the role of the speech-language pathologist in the prevention, assessment, and habilitation/rehabilitation, enhancement, and scientific investigation of communication and swallowing. It consists of two components:

### Health Conditions

- **Body Functions and Structures:** These involve the anatomy and physiology of the human body. Relevant examples in speech-language pathology include craniofacial anomaly, vocal fold paralysis, cerebral palsy, stuttering, and language impairment.
- **Activity and Participation:** Activity refers to the execution of a task or action. Participation is the involvement in a life situation. Relevant examples in speech-language pathology include difficulties with swallowing safely for independent feeding, participating actively in class, understanding a medical prescription, and accessing the general education curriculum.
- **Contextual Factors**
- **Environmental Factors:** These make up the physical, social, and attitudinal environments in which people live and conduct their lives. Relevant examples in speech-language pathology include the role

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of the communication partner in augmentative and alternative communication, the influence of classroom acoustics on communication, and the impact of institutional dining environments on individuals' ability to safely maintain nutrition and hydration.

- **Personal Factors:** These are the internal influences on an individual's functioning and disability and are not part of the health condition. These factors may include, but are not limited to, age, gender, ethnicity, educational level, social background, and profession. Relevant examples in speech-language pathology might include a person's background or culture that influences his or her reaction to a communication or swallowing disorder.

The framework in speech-language pathology encompasses these health conditions and contextual factors. The health condition component of the ICF can be expressed on a continuum of functioning. On one end of the continuum is intact functioning. At the opposite end of the continuum is completely compromised functioning. The contextual factors interact with each other and with the health conditions and may serve as facilitators or barriers to functioning. Speech-language pathologists may influence contextual factors through education and advocacy efforts at local, state, and national levels. Relevant examples in speech-language pathology include a user of an augmentative communication device needing classroom support services for academic success, or the effects of premorbid literacy level on rehabilitation in an adult post brain injury. Speech-language pathologists work to improve quality of life by reducing impairments of body functions and structures, activity limitations, participation restrictions, and barriers created by contextual factors.

### Qualifications

Speech-language pathologists, as defined by ASHA, hold the ASHA Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP), which requires a master's, doctoral, or other recognized postbaccalaureate degree. ASHA-certified speech-language pathologists complete a supervised postgraduate professional experience and pass a national examination as described in the ASHA certification standards. Demonstration of continued professional development is mandated for the maintenance of the CCC-SLP. Where applicable, speech-language pathologists hold other required credentials (e.g., state licensure, teaching certification).

This document defines the scope of practice for the field of speech-language pathology. Each practitioner must evaluate his or her own experiences with preservice education, clinical practice, mentorship and supervision, and continuing professional development. As a whole, these experiences define the scope of competence for each individual. Speech-language pathologists may engage in only those aspects of the profession that are within their scope of competence.

As primary care providers for communication and swallowing disorders, speech-language pathologists are autonomous professionals; that is, their services are not prescribed or supervised by another professional. However, individuals frequently benefit from services that include speech-language pathologist collaborations with other professionals.

## Professional Roles and Activities

Speech-language pathologists serve individuals, families, and groups from diverse linguistic and cultural backgrounds. Services are provided based on applying the best available research evidence, using expert clinical judgments, and considering clients' individual preferences and values. Speech-language pathologists address typical and atypical communication and swallowing in the following areas:

- speech sound production
  - articulation
  - apraxia of speech
  - dysarthria
  - ataxia
  - dyskinesia
- resonance
  - hypernasality
  - hyponasality
  - cul-de-sac resonance
  - mixed resonance
- voice
  - phonation quality
  - pitch
  - loudness
  - respiration
- fluency
  - stuttering
  - cluttering
- language (comprehension and expression)
  - phonology
  - morphology
  - syntax
  - semantics
  - pragmatics (language use, social aspects of communication)
  - literacy (reading, writing, spelling)
  - prelinguistic communication (e.g., joint attention, intentionality, communicative signaling)
  - paralinguistic communication
- cognition

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- attention
- memory
- sequencing
- problem solving
- executive functioning
- feeding and swallowing
  - oral, pharyngeal, laryngeal, esophageal
  - orofacial myology (including tongue thrust)
  - oral-motor functions

Potential etiologies of communication and swallowing disorders include

- neonatal problems (e.g., prematurity, low birth weight, substance exposure);
- developmental disabilities (e.g., specific language impairment, autism spectrum disorder, dyslexia, learning disabilities, attention deficit disorder);
- auditory problems (e.g., hearing loss or deafness);
- oral anomalies (e.g., cleft lip/palate, dental malocclusion, macroglossia, oral-motor dysfunction);
- respiratory compromise (e.g., bronchopulmonary dysplasia, chronic obstructive pulmonary disease);
- pharyngeal anomalies (e.g., upper airway obstruction, velopharyngeal insufficiency/incompetence);
- laryngeal anomalies (e.g., vocal fold pathology, tracheal stenosis, tracheostomy);
- neurological disease/dysfunction (e.g., traumatic brain injury, cerebral palsy, cerebral vascular accident, dementia, Parkinson's disease, amyotrophic lateral sclerosis);
- psychiatric disorder (e.g., psychosis, schizophrenia);
- genetic disorders (e.g., Down syndrome, fragile X syndrome, Rett syndrome, velocardiofacial syndrome).

The professional roles and activities in speech-language pathology include clinical/educational services (diagnosis, assessment, planning, and treatment), prevention and advocacy, and education, administration, and research.

### Clinical Services

Speech-language pathologists provide clinical services that include the following:

- prevention and pre-referral
- screening
- assessment/evaluation
- consultation
- diagnosis
- treatment, intervention, management

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- counseling
- collaboration
- documentation
- referral

### Examples of these clinical services include

1. using data to guide clinical decision making and determine the effectiveness of services;
2. making service delivery decisions (e.g., admission/eligibility, frequency, duration, location, discharge/dismissal) across the lifespan;
3. determining appropriate context(s) for service delivery (e.g., home, school, telepractice, community);
4. documenting provision of services in accordance with accepted procedures appropriate for the practice setting;
5. collaborating with other professionals (e.g., identifying neonates and infants at risk for hearing loss, participating in palliative care teams, planning lessons with educators, serving on student assistance teams);
6. screening individuals for hearing loss or middle ear pathology using conventional pure-tone air conduction methods (including otoscopic inspection), otoacoustic emissions screening, and/or screening tympanometry;
7. providing intervention and support services for children and adults diagnosed with speech and language disorders;
8. providing intervention and support services for children and adults diagnosed with auditory processing disorders;
9. using instrumentation (e.g., videofluoroscopy, electromyography, nasendoscopy, stroboscopy, endoscopy, nasometry, computer technology) to observe, collect data, and measure parameters of communication and swallowing or other upper aerodigestive functions;
10. counseling individuals, families, coworkers, educators, and other persons in the community regarding acceptance, adaptation, and decision making about communication and swallowing;
11. facilitating the process of obtaining funding for equipment and services related to difficulties with communication and swallowing;
12. serving as case managers, service delivery coordinators, and members of collaborative teams (e.g., individualized family service plan and individualized education program teams, transition planning teams);
13. providing referrals and information to other professionals, agencies, and/or consumer organizations;

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14. developing, selecting, and prescribing multimodal augmentative and alternative communication systems, including unaided strategies (e.g., manual signs, gestures) and aided strategies (e.g., speech-generating devices, manual communication boards, picture schedules);
15. providing services to individuals with hearing loss and their families/caregivers (e.g., auditory training for children with cochlear implants and hearing aids; speechreading; speech and language intervention secondary to hearing loss; visual inspection and listening checks of amplification devices for the purpose of troubleshooting, including verification of appropriate battery voltage);
16. addressing behaviors (e.g., perseverative or disruptive actions) and environments (e.g., classroom seating, positioning for swallowing safety or attention, communication opportunities) that affect communication and swallowing;
17. selecting, fitting, and establishing effective use of prosthetic/adaptive devices for communication and swallowing (e.g., tracheoesophageal prostheses, speaking valves, electrolarynges; this service does not include the selection or fitting of sensory devices used by individuals with hearing loss or other auditory perceptual deficits, which falls within the scope of practice of audiologists; [ASHA, 2004](#));
18. providing services to modify or enhance communication performance (e.g., accent modification, transgender voice, care and improvement of the professional voice, personal/professional communication effectiveness).

### Prevention and Advocacy

Speech-language pathologists engage in prevention and advocacy activities related to human communication and swallowing. Example activities include

1. improving communication wellness by promoting healthy lifestyle practices that can help prevent communication and swallowing disorders (e.g., cessation of smoking, wearing helmets when bike riding);
2. presenting primary prevention information to individuals and groups known to be at risk for communication disorders and other appropriate groups;
3. providing early identification and early intervention services for communication disorders;
4. advocating for individuals and families through community awareness, health literacy, education, and training programs to promote and facilitate access to full participation in communication, including the elimination of societal, cultural, and linguistic barriers;
5. advising regulatory and legislative agencies on emergency responsiveness to individuals who have communication and swallowing disorders or difficulties;
6. promoting and marketing professional services;



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7. advocating at the local, state, and national levels for improved administrative and governmental policies affecting access to services for communication and swallowing;
8. advocating at the local, state, and national levels for funding for research;
9. recruiting potential speech-language pathologists into the profession;
10. participating actively in professional organizations to contribute to best practices in the profession.

### Education, Administration, and Research

Speech-language pathologists also serve as educators, administrators, and researchers. Example activities for these roles include

1. educating the public regarding communication and swallowing;
2. educating and providing in-service training to families, caregivers, and other professionals;
3. educating, supervising, and mentoring current and future speech-language pathologists;
4. educating, supervising, and managing speech-language pathology assistants and other support personnel;
5. fostering public awareness of communication and swallowing disorders and their treatment;
6. serving as expert witnesses;
7. administering and managing clinical and academic programs;
8. developing policies, operational procedures, and professional standards;
9. conducting basic and applied/translational research related to communication sciences and disorders, and swallowing.

### Practice Settings

Speech-language pathologists provide services in a wide variety of settings, which may include but are not exclusive to

1. public and private schools;
2. early intervention settings, preschools, and day care centers;
3. health care settings (e.g., hospitals, medical rehabilitation facilities, long-term care facilities, home health agencies, clinics, neonatal intensive care units, behavioral/mental health facilities);
4. private practice settings;
5. universities and university clinics;
6. individuals' homes and community residences;
7. supported and competitive employment settings;
8. community, state, and federal agencies and institutions;
9. correctional institutions;
10. research facilities;

11. corporate and industrial settings.

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doi:10.1044/policy.SP2007-00283