

# **HANDBOOK OF CLINICAL POLICIES AND PROCEDURES**



**NORTHERN MICHIGAN UNIVERSITY**

**SPEECH, LANGUAGE, AND HEARING SCIENCES PROGRAM  
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## **APPENDICES**

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## **HANDBOOK OF CLINICAL POLICIES AND PROCEDURES**

The Northern Michigan University Speech, Language, and Hearing Sciences Program offers a Bachelor's degree, academic and clinical preparation, for students who plan to pursue their Master's degree in Speech-Language Pathology. The full process of attaining the Certificate of Clinical Competence includes completion of both Bachelor's and Master's degrees from an American Speech-Language and Hearing Association (ASHA) accredited institution or the equivalent, the successful completion of a Clinical Fellowship Year (CFY), passing the national examination in the area in which the certificate is sought, and successful application for certification from ASHA.

This manual serves as a guide for Northern Michigan University students who are enrolled in any area of practical experience from the Speech, Language, and Hearing Sciences Program, and addresses policies and procedures for student clinical experiences here. It is applicable for all aspects of the clinical program and all student clinicians will be expected to comply with the following policies unless otherwise directed by a clinical supervisor.

### **Practical Experience in Speech, Language, and Hearing**

The clinical program in Speech, Language, and Hearing at Northern Michigan University has been established to allow students the opportunity to fulfill requirements for practical experience at the academic level set forth by ASHA.

Students must attain a total of 400 clock hours of supervised practicum, of which 375 must be in direct client/patient contact and 25 in clinical observation. Speech-language pathology clock hours consist of observation and practice in prevention, assessment and intervention of the following types of disorders: articulation, fluency, voice and resonance, receptive and expressive language, hearing, swallowing, cognitive and social aspects of communication, and communication modalities (ex. augmentative communication systems).

### **Northern Michigan University Speech, Language and Hearing Clinic**

The NMU Speech, Language and Hearing Clinic is housed within the Speech, Language, and Hearing Sciences Program in The Science Building of the NMU campus. Children and adults receive speech, language, and hearing services provided by our undergraduate student clinicians under the supervision of a certified speech-language pathologist or audiologist. Normal hours of operation are 1:00 to 6:00 p.m., Mondays and Wednesdays, during the fall and winter semesters and at specified times during May-August. The Clinic is closed during holidays, vacations, and during such times as the University is officially closed due to inclement weather. The Clinical Coordinator will announce specific schedules at the beginning of each semester. Additional opportunities will be announced to students during the school year.

### **Policy on Student Clinical Practice**

Faculty of the Speech, Language, and Hearing Sciences Program have a legal and professional responsibility to assure the public, other students, the university, and the profession of speech-

language pathology that students can practice safely, appropriately, and professionally in their various clinical practice settings commensurate with their educational experiences. Speech, Language, and Hearing students provide clinical services within the boundaries of the American Speech-Language Hearing Association statement on Scope of Practice and the Code of Ethics, current professional standards of practice, and Departmental and University policies, procedures, and protocols. While it is expected that clinical education is a process and that each clinical student will progress throughout his or her clinical education, this policy is written to protect the clients that our students diagnose and treat and to assure quality of care.

### **Policy on Unsafe, Unprofessional, or Weak Clinical Practice**

Students, who exhibit behavior that has been judged to be unsafe, unprofessional, or weak with potential to be unsafe or unprofessional, may be removed from the clinical experience. Descriptions of these types of behavior are described below.

#### **Unsafe Practice**

Unsafe practice is defined as behavior that causes harm or that has the potential to cause harm to a client or other person. Examples of unsafe practice include but are not limited to the following:

1. Practicing in a clinical experience under the influence of drugs and/or alcohol.
2. Acts of omission or commission likely to cause harm to clients, including, but not limited to, physical abuse, placing clients in hazardous positions or circumstances, mental, sexual, or emotional abuse, or the inability to provide appropriate treatment.
3. Failure to provide accurate, inclusive, written and verbal communication, or falsely documenting a clinical record, written assignment, or log.

#### **Unprofessional Practice**

Unprofessional practice is defined as behavior that fails to follow ASHA's Code of Ethics in matters pertaining to professionalism. Examples include, but are not limited to, the following:

1. Failure to notify the supervisor of absence or lateness.
2. Practicing in a clinical experience under the influence of drugs and/or alcohol.
3. Violating client privacy rights through breach of confidentiality or interactions or records or failure to protect the privacy in personal care.
4. Engaging in behavior that is disrespectful of a client's social or economic status, personal attributes, or health or communicative problems.
5. Engaging in behavior that is disrespectful or uncooperative with the supervisor and/or experience site.

#### **Weak Clinical Practice with Potential for Unsafe and/or Unprofessional Practice**

Weak clinical practice is defined as behavior that demonstrates difficulties in the areas of learning and applying academic information, communication, or interacting with others.

Examples include, but are not limited to, the following:

1. Difficulty or inability to apply theoretical knowledge to specific clinical situations or to demonstrate critical thinking skills.
2. Inability to successfully document clinical interactions.
3. Inability to interpret client responses and communicative behavior.

4. Difficulty in determining priorities in completing clinical assignments.
5. Difficulty in communicating or interacting with clients, families, peers, or health care or educational personnel, or the clinical supervisor.
6. Difficulty in carrying out or interpreting suggestions from the clinical supervisor.

### **Procedures**

When unsafe, unprofessional, or weak clinical practice is noted in a clinical student's behavior, the following steps will be accomplished:

1. The student's supervisor will notify the Department Head in writing with a copy to the student. The documentation will include details of the behavior, a description of specific actions to be taken to improve the clinical practice, any support provided by faculty to promote improvement, the time period during which the specific improvement actions must be completed, and any other recommendations. Recommendations may include, but are not limited to, the following examples:
  - a. Review of academic course material
  - b. Independent research
  - c. Observation of clinical interactions
  - d. Improvement of behavior that reflects attitude
  - e. Removal of the student from the clinical experience until some appropriate goal has been reached.

Recommendations also must include how the student is to demonstrate that the actions specified have been completed satisfactorily.

2. The student will modify the specified behavior and provide any documentation required.
3. The supervisor and Department Head will review the documentation, determine the student's status with regard to clinical education, and notify the student in writing in a timely manner.
4. If the student does not complete the recommendation in the specified period of time or to an adequate degree, the student fails the course and will not be considered for further clinical assignment.
5. The student may make appeals to the Department Head and the Clinical Coordinator.

### **Policy on Criminal Background Checks and Drug Screenings and Immunizations**

#### **Criminal Background Checks:**

All students, who are of junior standing at the beginning of each academic year (Fall semester) and are planning to enroll in SL 370 Observation, must complete a criminal background check (CBC). The CBC will be conducted one time during the student's final four semesters and will not be repeated. The criminal background check will be completed at cost to the student.

Students demonstrating a positive background check will be denied enrollment to the course. Students demonstrating a positive background check while enrolled in SL 370 observation and SL 465 Methods of Treatment will be dismissed from the course. Each positive background check will be reviewed by the SLHS faculty and Associate Dean of the School of Clinical Sciences a decision regarding continued enrollment in Speech, Language, and Hearing Sciences program will be made on a case-by-case basis.

**Drug Screen:**

For the protection of patients, employees, and students, all students, who are of junior standing at the beginning of each academic year (Fall semester) and are planning to enroll in SL 370 Observation, must complete a drug screen through Occupational Medicine Services in Marquette. The drug screening must be completed within 30 days of the start date of the clinical placement. The drug screen will be completed at cost to the student.

Please be advised: Students demonstrating a positive drug test will be denied enrollment in SL 370 Observation and SL 465 Methods of Treatment; however, they may have their enrollment reconsidered for the future to the courses at the Associate Dean's discretion if seats in the course are available.

**Immunizations:**

All students, who are of junior standing at the beginning of each academic year (Fall semester) and are planning to enroll in SL 370 Observation, must provide documentation of immunization record.

1. Please provide documentation of your immunization record by completion of the School of Clinical Sciences Verification of Immunization and Health Status Forms. All immunization information must be supplied and the form signed by a physician, nurse practitioner, registered nurse, or other licensed health official.
2. Hepatitis B. Please provide a copy of your Hepatitis B vaccination series completion or declination.
3. A two-step TB skin test to be completed after admission to the Program. Please provide a copy of your TB skin test results.
4. Tetanus within the last 10 years.
5. Influenza immunization
6. If you would like to request an exemption from any health requirement for a medical or religious reason, please email [sriipi@nmu.edu](mailto:sriipi@nmu.edu) to request the necessary forms. Please note that at any point, students who are not immunized might be prevented from entering a clinic site. If this happens, the SLHS program will try to accommodate with alternative placements; however, this may not be possible.



### **SL 370: Observation**

The Observation requirement is traditionally the beginning of clinical experience for students in our program. Active observation is a useful means of developing clinical knowledge and skills, and typically precedes direct interactions with a client. Formal documented observation also is an ASHA certification requirement. As part of certification, students accrue a minimum of 25 observation hours. This course should be completed the semester immediately prior to your enrollment in SL 465 Methods of Treatment, i.e., if you are planning to complete SL 465 during the fall semester of your final year in the SLHS program then SL 370 should be completed the winter semester of the prior academic year. If you are planning to complete SL 465 during the winter semester of your final year in the SLHS program then SL 370 should be completed during the fall semester of that academic year.

Clinical observation is an important part of the education program for students of speech-language pathology and audiology, as students learn basic clinical methods and gain understanding of communication disorders and differences through watching others. The American Speech-Language-Hearing Association (ASHA) requires that students complete 25 hours of supervised observation. Students must observe clients receiving services from ASHA-certified professionals.

In this program, observation hours are accumulated in SL 370; the observation clock hours gained in these courses are valid for the ASHA requirement and must be recorded on the Record of Observation Hours. This form is available in the clinic reception office and must be submitted to and signed by the instructor of SL 370 at the end of the semester in which the experience was gained. The student will then submit the form to the Clinical Coordinator, who tracks all student clock hours.

SL 370 students will maintain a log of observations and obtain the signature of the clinician at the end of each observed session. Instructions for keeping the log are provided in the class meeting of SL 370. All individuals observing in the clinic will maintain a quiet, clean, dark environment in the observation rooms and will ensure that parents, family members, and faculty are able to observe comfortably and are treated with the utmost courtesy and respect. Food is not allowed in the observation room; beverages are allowed, however, containers must leave the room at the end of the session. Observation logs will be kept in a confidential manner. According to rules concerning standards of confidentiality (HIPAA), observers will refrain from commenting about clients, clinicians, family members, or supervisors while in the observation room. Any discussion of session specifics will be held in a confidential place. As a reminder, the rest rooms, hallways, and departmental offices are not appropriate places for clinical discussions.

In the event of a cancellation, the secretary is to post a notice on the office portion of the Clinic Reception Area, room 1504. In the event that Northern Michigan University is closed for breaks, holidays, or inclement weather, the Speech and Hearing Clinic is also closed and all client sessions are canceled.

All supervisors reserve the right to ask observers to vacate the observation rooms; this may become necessary because of the noise level, to make room for family members, or for an

exceptional need for family counseling while in the observation room.

The SL 370 instructor will advise students of the availability of opportunities for recorded sessions. In addition, students are reminded that they may take advantage of opportunities to observe sessions outside of the Clinic under the supervision of ASHA-certified professionals. A list of local observation opportunities will be provided to students in SL 370. Each site may have additional prerequisites such as additional background checks or orientation and training before being permitted to observe. Some sites do not permit observations. Students interested in off-campus observations are encouraged to talk with the clinic director. Students may not submit off-campus observation hours without department approval.

Before initiating observation, all students will read and agree to comply with the above-stated guidelines and the ASHA Code of Ethics (Appendix A) by signing the Acknowledgment of Receipt form (Appendix B) and submitting it to the Clinical Coordinator.

### **General Expectations of SLHS Students Observing Sessions**

Students with observation privileges are expected to observe protocols that protect the client and enhance their clinical education. Many of these expectations are in line with conduct expected of interns and instructors in the clinic.

#### Expectations of Confidentiality and Conduct

1. **Conduct yourself in a professional manner.** When you contact a facility or when you enter any facility as an invited observer, you are a representative of the profession you are studying. As such, you are charged with conducting yourself in a professional and courteous manner. Be polite, appreciative of the opportunity to observe.
2. **Keep all client information confidential.** Whether the observation is live or from a recording, or from a chart review, all information is confidential. Under no circumstances is it appropriate to discuss observations or client information with individuals outside the clinic setting. Do not discuss your observation with other professionals or people in other agencies.
3. **Hold discussions behind closed doors.** It is appropriate to discuss observation and ask questions of the instructor or intern. Whether in a classroom, an office, or a therapy room, these discussions must take place in a secure location behind closed doors.
4. **No cell phones.** Turn off or silence your phones and put them away. Refrain from talking or texting in the facility and during your observations.
5. **Follow the clinic dress code.** Information on the Clinic dress code can be found in this manual. Your university clinic dress code is appropriate for most settings. Wear your university clinic name badge during observations, so faculty, staff, interns, clients and families know you have observation privileges.

#### Expectations Before the Observation

1. **Have a valid reason to observe.** Sometimes a student who has worked with a client in the past may be tempted to observe a session out of curiosity. Idle curiosity is not an acceptable reason to observe. If you have met the 25 observation hours and you wish to observe a client's session for a valid reason, please contact and gain permission from the instructor of that client. Valid reasons include learning a new approach or procedure, learning about a new communication disorder or difference, and learning about assessment procedures.

2. **Follow the established procedures for arranging observations.** The procedures for arranging observations are in place to support a positive observation experience for you, the intern, the instructor, and the client. It is not acceptable to observe clients if you have not made previous arrangements. Observation areas are small and are easily crowded. At times a session may be inappropriate to observe, as determined by the speech-language pathologist or audiologist providing the service. In those cases, the professional reserves the right to excuse you from the observation for the welfare of the client.
3. **Review the client file.** If possible, you are expected to review the client case history file in the clinic office before completing the evaluation. This will make your observations more meaningful and will reduce the number of questions you have for the professionals and student interns. You may be prepared for a richer experience because you will have a deeper understanding of the client history, goals, and objectives.
4. **Plan ahead for your learning.** Consider what knowledge and skills you would like to develop as part of your observation. Here are some questions to consider when observing:

Topic	Questions to address
General Information	<ul style="list-style-type: none"> <li>• Approximately how old is the client? What communication is typical for a person of this age?</li> <li>• What do I know about the client's cultural/linguistic background, and how does that influence typical communication?</li> <li>• What is the client's communication disorder or difference?</li> <li>• How effective is the client's communication?</li> <li>• How would the client's communication disorder affect everyday communication in the following domains: educational, vocational, social (family and friends), community (e.g., shopping, making appts, etc.)?</li> </ul>
If you watch an assessment:	<ul style="list-style-type: none"> <li>• What tools and strategies did the professional or intern use?</li> <li>• What communication or swallowing behaviors did the client present?</li> </ul>
If you watch an intervention:	<ul style="list-style-type: none"> <li>• What were the goals the client worked on in the session?</li> <li>• What data system did the professional use?</li> <li>• What methods did the professional use to help the client?</li> <li>• How did the client respond to the therapy?</li> <li>• How did the professional or intern manage any behavioral issues?</li> </ul>

### Expectations During the Observation

1. **Arrive early.** By arriving early, you can get settled to observe and reduce the possibility of disrupting the session.
2. **Introduce yourself as a student observer fulfilling course requirements.** Be sure to wear your name badge and observe the dress code of the site in which you are observing. It is a safety expectation and a professional courtesy to do so. When you introduce yourself to instructors, interns, clients, and families, indicate you are an observer fulfilling course requirements.
3. **Observe silently and defer questions.** Avoid interjecting comments or questions in a session between the professional and the client or the client's family unless invited to do so. Questions and comments about a session should be held until the client has left. If family members or other observers ask you questions about the therapy or disorder, politely explain that you are a student observer and not qualified to answer their questions at this time. Encourage them to direct their question to the clinic instructor or the student intern who is working with the client.

4. **Observe without judgment and protect client privacy.** Notes should not contain private health information. When writing notes about clients' behavior or performance on observation sheets while observing, use descriptive, not judgmental statements. Be aware that family members may try to see what you are writing, so it is important to be professional and discrete.
5. **Document observation hours and submit for approval.** Document your observation hours in a timely manner according to the SL 370 procedures.

#### **SL 465: Introduction to Clinical Practicum**

Qualified students in the Speech, Language, and Hearing curriculum are able to gain some initial clinical experience. Criteria for acceptance into undergraduate practicum include all of the following:

1. Senior standing
2. Instructor permission

Students will apply to the Clinical Coordinator for permission to enroll. Placement will be in the NMU Speech and Hearing Clinic on a space-available basis.

**Prerequisite:** Senior Standing, grade of “B” or higher in all speech, language and hearing science courses; faculty committee permission for admission to NMU Clinic practicum.

Information on aspects of the treatment process which includes data keeping, designing behavioral objectives, counseling concepts, feedback systems, behavioral management and treatment methods for communication and swallowing disorders.

### **NMU Speech-Language and Hearing Clinic Procedures**

#### **Dress and Personal Appearance**

Students are expected to dress in a manner fitting their status as professionals providing services to the public. Although a student’s physical appearance may have no relationship to the quality of treatment they provide, it is likely to influence a patient’s perception of quality and professionalism. We should always convey the finest possible impressions to our clients and parents/caregivers. While individual preferences are recognized, a clinic that deals with the public requires a conservative approach to grooming, hair, jewelry, fragrances, and dress. All students are required to wear a nametag during clinical practicum at the NMU Speech, Language and Hearing Clinic. The Clinic Director will furnish details on ordering and purchasing the nametags.

#### **Dress Code: Appearance, Clothing, Accessories**

##### **Purpose of the dress code:**

The SLHS Clinic dress code policy outlines how we expect our student interns and student observers to dress when they are engaged in activities at the SLHS Clinic. Students are representing their program and their future profession when they engage in activities in the clinic. Students also are setting the stage for a safe and inclusive environment by the choices of dress they wear. Our intention is to set a positive, inclusive, and professional tone that supports the purpose of the clinic.

A dress code is a guide and cannot cover every potential circumstance. At times, students have questions about the dress code or who would like input on their choice of dress. In those circumstances, students should consult their clinic instructor or the clinic director.

Consequences for dress code violations:

If a student violates the dress code or if there is a complaint regarding a student's choice of dress, the supervisor will contact the student and inform the student of the concern. The supervisor will inform the student in the event of violations of the dress code. If your supervisor determines that your attire is unacceptable, you will be asked to change. If there is not time for you to change, you will be given something to wear. The student may be required to leave the clinic until the professional appearance is attained. Unprofessional appearance in the clinic will be reflected in your clinic grade with a second violation.

The test for clothing must include being able to sit cross-legged on the floor with no skin showing from the back of your waistband to the bottom of your shirt. Female clinicians must be able to bend over in front of the therapy room mirror without revealing cleavage.

**The following dress code rules apply:**

Appearance: Neat, clean

All clinic students and student observers in the clinic should be clean and well-groomed.

Hair

Hair should be clean and neat, and styled so the student's face is in clear view of the client. Beards and mustaches must be neatly trimmed and allow for clients to see the student's face. Hair must be combed and updos must be neat and combed. No "messy buns".

Fingernails

For safety, fingernails should be clean and short to prevent glove punctures, harboring of bacteria, or injury to the client.

Scents

As some clients have scent allergies or sensitivities, students should avoid wearing strong colognes or perfumes.

Tattoos

Tattoos must be covered with appropriate clothing. Visible tattoos which cannot be covered must be tasteful and unobtrusive.

Make-up

Make-up must be tasteful and discreet.

Clothing: Conservative, safe for the work of an intern

Clothing Color:

Clinic students and observers have full choice of any color of clothing they prefer. Some fabric colors or patterns may be distracting for certain clients. In those circumstances, students will work with their

instructors to determine colors that are most appropriate.

#### Clothing Fabric:

Clinic students and observers should choose clothing fabric that is opaque (not sheer or see-through), non-clinging, and easily cleaned.

#### Clothing style:

Clinic students and observers are to select clothing styles for supporting a safe and professional therapy environment.

- Select clothes that are neat, clean, and in good repair.
- Clothing should allow for freedom of movement, provide sufficient coverage, and *not be form-fitting*. It can help to do the reach and bend test, to ensure clothing covers the body during varied therapy activities (ex. sitting on the floor with a child).
- Depending on the client and the therapy, some generally permissible types of dress may be inappropriate. For example, a clinic student would need to use judgement to select pants over a dress if therapy task were to involve floor playtime with a child.

#### Examples of clothes to choose:

- Choose tops with a conservative neckline (no cleavage showing when bending forward) and sleeves that cover the shoulder, and that cover the midriff when the stretch and bend test is employed.
- Choose pants, including dress jeans, that are in good repair (e.g., free of holes, rips, patches, fading, stressed or stonewashed appearance). Waist-lines should be high enough to cover undergarments.
- Choose dresses with hemlines that come close to the knee, are non-clinging, have a conservative neckline, cover the midriff, and have a sleeve that covers the shoulder.
- Choose dress shorts and skorts with hemlines no higher than 4 inches above the knee.
- Choose leggings as undergarments for a knee-length dress or for shorts or slacks. *Leggings are considered undergarments and are not pants.*
- Males should wear dress, collared or polo styled shirts that are tucked in. Turtleneck, v-neck or crewneck sweaters may also be worn.

#### Examples of clothing to avoid:

- Avoid low-cut tops, halter tops, tank tops, midriff tops, tube tops, t-shirts, tops with low necklines.
- Avoid shirts and sweatshirts with messages, lettering, or logos.
- Avoid casual jeans or pants in disrepair (e.g., holes, rips, patches, fading, stressed or stonewashed appearance, frayed pant cuffs).
- Avoid leggings being worn as pants. They are considered undergarments.
- Avoid clothing that is work-out wear. No sweat pants or shirts. No tennis shoes/sneakers.

#### Accessories: Conservative, safe for the work of an intern

##### Shoes: Safety first

- Style: Select shoes and sandals that stay firmly on the feet, especially when providing care to children or vulnerable adults. Business attire slingbacks and sandals are acceptable when they stay firmly on the wearer's foot. Avoid tennis shoes, flip-flop sandals, and thong sandals.

- Heels: For safety, a general rule is to select shoes with heels that are 2 inches or lower (0 to 2 inches), though there may be circumstances where only a flat shoe is safe. Clinic students and instructors will use their judgement for determining situations where a more conservative heel is needed for safety of the clinic student and the client.
- Condition: Select shoes that are clean and in good condition.

#### Name badges:

For public safety, interns, SLHS student observers, and instructors are to wear nametags when engaged in activities in the clinic. Clinic students and observers purchase nametags that help the public recognize them as part of the clinic staff.

#### Jewelry:

Clinic students and observers may choose to wear small jewelry items that are not distracting to the client. Clinic students and instructors will use their discretion in those circumstances, and refrain from wearing jewelry if it is determined they are distracting to the client. Because tongue piercing jewelry may distort articulation, clinic students are to avoid wearing tongue piercing jewelry in therapy sessions. Any other facial piercings should be removed prior to therapy.

It is important that students in our clinic be aware of their dress even when they are observing in clinic. Our clinic is a public place of business and students should dress accordingly.

All students participating in clinical activities are expected to dress and act in an appropriately “professional” manner. This includes a neat and clean appearance and appropriate verbal language. Eating and/or drinking of beverages within the clinical areas during a therapy session are not acceptable, unless it has immediate relevance to the activity being conducted. If there are any questions regarding what is appropriate, students should check with the clinical supervisor.

### **Confidentiality and Ethical Responsibilities**

Confidentiality of client information is of the utmost importance and must be maintained. To help ensure confidentiality, the client’s master file may not be removed from the clinic. Photocopying of information in the file is not allowed. Documents containing identifying personal client information, such as rough drafts, should be shredded once no longer needed.

In the course of observing and offering clinical services, it is important to remain non-judgmental, to maintain confidentiality, and to show respect for clients and their families. A few specific behaviors to keep in mind:

1. Make no judgmental comments about clients and their families. Our task is to find and enhance our clients’ and families resources, not to criticize their efforts, beliefs, or lifestyle. They are doing what they do because they believe that it is helpful and useful. They are doing their best.
2. Do not discuss any client in the hallways of the Clinic. Our space is small and clients and families as well as other clinicians who are uninvolved with your particular clients abound. Step into the supervisor’s office or into a therapy room and close the door (and shut off the sound system) to talk. Make neither positive nor negative remarks in the

hallways. **Student clinicians will not talk about information in the halls, observation rooms, waiting room, bathroom, etc., to assure that conversations are not overheard.**

In a like manner, written or typed documentation must be monitored so that it is not left unattended or open to public viewing or listening.

3. Keep private notes, completed test forms, lesson plans, videotapes of sessions, audiotapes, language transcripts, case history intakes, assignment sheets, etc. in your hanging file in the Audiology office. These must not be left in observation rooms, the lounge, the reception office, or anywhere else. They **cannot** be taken home. To do so constitutes a breach of client confidentiality.
4. Audiotapes and videotapes of client sessions must be turned in to the supervisor at the end of the semester. They should by no means leave the clinic.
5. Leave all individual identifying information off private notes if you need to work on them at home. This includes address, phone number, name, date of birth and any other information that could identify your client. Refer to the client as client or client 12, etc.
6. Do not include any individual identifying information pertaining to your clients in either e-mail or e-mail attachments to our faculty supervisor.
7. Do not write last names of clients on posted lists. This, too, is a breach of confidentiality.
8. You may discuss issues related to specific cases with faculty, provided you do not reveal any identifying information about a client. Do not hold these discussions in the hallways of the clinic or Program office. The purpose of these discussions should be to expand your knowledge base and better serve your clients.
9. Do not share information about clients with anyone, including other professionals, (e.g., to name a referral or to convey information to someone who also sees the client) without expressed written permission from the client, parent, or legal guardian.
10. . Client reports are to be submitted to the supervisor's mailbox in the Speech-Language and Hearing clinic office. Revised copies will be submitted to the student's mailbox or to the student directly.

Case file (formal and informal reports, audiotapes, videotapes, pictures, test forms, etc.) information is made available to student clinicians in order to support assessment and treatment. These files are stored in the Clinic Reception Area, room 1504. Students may sign out files on the clipboard above the file cabinets. The sign-out sheet must include the student's name, client's name, and the date the file was checked out. Under no circumstances may a case file or portions of a formal case file be taken out of the clinic. Students may read case files within the Audiology office. They may not be transported out of the Clinic in any other manner. Students must treat files in a confidential manner; they must be checked back into the file drawer during the same business day in which they were checked out. The student will then sign off that the file was returned.

Lesson plans are required for each session. If a faculty member requires that lesson plans be present in the observation window of your therapy room, it is the student's responsibility to see that the plan is removed immediately after the session, since it contains information of a confidential nature.

All students are expected to perform according to the standards, practices and guidelines



established by ASHA as described in the Code of Ethics. A copy of the Code of Ethics is attached and students are advised to become familiar with this document (Appendix A).

### **Infection Control Procedures**

In addition to disinfecting the environment at the end of the session, student clinicians are expected to thoroughly wash their hands before and after each session. Disposable gloves, as well as individually-wrapped tongue depressors, are available in the Materials Room for oral procedures. Non-sterile, bulk-packaged tongue depressors are to be used only for craft projects. Gloves and tongue depressors are to be disposed of immediately after the session. In the event that the student clinician contracts a communicable illness, he or she must inform the supervisor as soon as possible to make alternate arrangements for scheduled appointments. If the student clinician observes signs of communicable illness in his or her client or if such illness is reported to the clinician, this must be reported to the supervisor at once. The supervisor will advise the student/family of subsequent steps to be taken.

### **Master Schedule**

At the beginning of each semester, after the treatment schedule is compiled, the Master Schedule will be posted in the Clinic Office. For the benefit of observation, practicum, and internship students as well as faculty and staff, a copy will also be maintained in the Speech, Language, and Hearing Program Office, room 1513. Diagnostic schedules will also be posted in these areas, as well as announcements for special clinical experiences.

### **Materials**

Program-owned materials and equipment available for use in diagnosis and therapy are stored in the Clinic Materials Room, room 1524. All materials must be signed out, with the **student held responsible for the replacement of the material** if its return is not recorded on the sign-out sheet. Please note that in signing out materials, the student must enter his/her full name, the name of the material(s) checked out, and the date. *Materials may be kept out overnight if a Speech, Language, and Hearing faculty member countersigns for them.* When materials are returned to the Materials Room, the student must indicate this by completing the entry for the checked out materials with the date they were checked back into inventory.

Students are asked to notify the Departmental Secretary when *Materials Room Form* supplies are running low.

In no case may the student check out only portions of a test, including manuals, or check out therapy materials for a full semester. This is to ensure that materials are available to all students who may need them.

### **Treatment and Observation Rooms**

Please check with your supervisor to see if there are any special considerations for room choice for your client. You will be assigned a therapy room for the semester. Part of the clinical student's responsibilities lays in the maintenance of the physical environment your clients and their families will use. You are asked to make sure that this environment is clean and in reasonable shape before and after each session. This includes appropriate disposal of trash and removal of therapy equipment, toys, and other materials from the treatment room. In addition, students will disinfect all surfaces with the Clinic-provided solution and paper towels. **Under no circumstance is the disinfectant solution to be stored in locations in therapy, observation, or other public rooms that are accessible by clients or young family members.** Notify the student

receptionist when bottles of disinfectant or window spray need to be refilled.

At times the student may wish to hold a therapy session outside of the therapy rooms of the Clinic. Please check with your supervisor prior to making such plans, and notify observers of the change by leaving a notice in the Clinic Reception Area. When seeing clients outside of the Clinic, students should take every precaution for the client's safety. In no case is a student to take the responsibility of transporting clients.

### **Risk Management Procedures**

Clinicians are constantly to be aware of safety issues concerning their clients, to include environmental hazards, threats to personal safety, and any potential for the client to threaten the safety of others. In the event of an emergency, the supervisor will be notified at once; if necessary Public Safety will then be contacted by the supervisor for an ambulance, police services, etc.

It is the clinician's responsibility to review with parents at the beginning of the semester the lists of persons to whom we may release a child and who to contact in the event of an emergency and to assure that no child is released to an individual not listed. As always, if necessary, see your supervisor for guidance. The clinician will also review any client allergies and assure that the client is not exposed to these materials during the course of services.

A shredder is located in the Clinic Reception Area for disposing of confidential paper materials. Instructions are printed on the machine.

### **Student Files**

Each student majoring in Speech, Language, and Hearing Sciences has a two-part, permanent record file that is maintained within the SL Program office. The first part contains academic (application, enrollment, grade, etc.) information. The second part contains all of the student's supervisor-signed and Clinic-recorded clock hour forms. The Clinical Coordinator will record the hours for compilation by the Clinic's computer program, and the original clock hour forms and the most recent computer-generated summary are filed in the second portion of the student's permanent record. A copy of the summary is provided to the student as it is updated.

Each student is strongly urged to retain photocopies of the supervisor-signed clock hour forms in his or her own files. Students should notify the Clinical Coordinator at once of any perceived discrepancies between their records and the official record.

### **Client Files**

Please see the section on Ethical Responsibilities for information regarding confidentiality of client files.

All information in the client file must be in chronological order with the most current information on top. All forms, reports and notes must be dated and signed by the student clinician preparing the report. Reports must also be signed by the supervisor approving the report. Approved, supervisor-signed reports are to be submitted to the program secretary for copying and distribution. Each client file must remain intact; in no case will the student remove portions of the client file.

### **Keeping Appointments**

Clinicians are expected to arrive ahead of time to prepare and be on time for all clinical assignments and therapy sessions. If the clinician knows that he/she will not be able to meet with a client at the regularly scheduled appointment time (illness, family death, accident), it is the clinician's responsibility to apprise the supervisor of this fact and, if instructed, to reschedule the appointment or cancel the session. No clients are to be canceled without the consent of the supervisor. Notification is also necessary to the Clinic Reception area. In no case will a clinical session take place without the prior knowledge and consent of the supervisor.

### **Inclement Weather Policy**

In the event that Northern Michigan University's classes are canceled for reasons of inclement weather, the Clinic also will be closed.

### **Late Clients**

Clinicians should wait a minimum of ten minutes past the scheduled appointment time for late clients. At this point, the student must attempt to phone the client/parent. If the client does not arrive within thirty minutes of the scheduled time, then the clinician is free to leave after notifying a supervisor.

### **Clinic Forms**

Preliminary forms are generated by Clinic faculty/staff and mailed by the program secretary to the client or responsible party for completion and to be returned prior to the initiation of clinical interaction. These include an age-appropriate *case history form* including a release form for speech and language therapy services (see Appendices H and I) or an *Audiological Case History form* for audiology cases (see Appendix J). At the time of the initial assessment, the diagnostician may wish to acquire more specific information about the client through a personal interview. The accompanying release of information form, when signed by the responsible party, ensures that written permission is provided for all agencies and/or individuals who are to receive information from the NMU Speech and Hearing Clinic. They also allow faculty and students to audiotape, videotape, and observe, and to use this recorded information for educational purposes; this is a necessary part of clinical education. Student-generated forms include the previously mentioned *Record of Observation Hours* (Appendix E) and the following:

- Class and Work Schedule*..... (Appendix C)
- Diagnostic Evaluation Form*..... (Appendix K)
- Semester Treatment Summary*..... (Appendix L)
- Record of Clinical Clock Hours*. .... (Appendix G)
- Therapy Attendance Record* ..... (Appendix O)
- Therapy Plan*..... (Appendix M)
- Case Disposition* ..... (Appendix P)

Each of these forms are available to the student in the clinic Reception Area, room 1504. Each form is discussed below, along with instructions for distribution.

NOTE: In the case of student-generated formal reports (Appendices K and L), students are responsible individually for the typing of these reports. It is important in these reports to be

clinically accurate; it is equally important to display clear and concise narrative skills, neatness, and accurate use of vocabulary, grammar, spelling, and punctuation. Use complete sentences. Limit abbreviations. Proofread your report before submitting it to the supervisor. Report-writing skills are considered to be a significant area of our professional development, and will accordingly be evaluated by supervisors. Again, all formal, supervisor-signed and approved reports are to be submitted to the program secretary for copying and distribution. If re-writes of any formal report are required, the student must submit both the original and the revised drafts to the supervisor. Please make sure all forms are filled in completely, including complete dates and handled in a confidential manner.

### **Class and Work Schedule (Appendix C)**

Students must submit school and work schedules to their supervisors at the first class meeting each semester.

This form is used to assign clients; therefore, the form must contain the student's current class schedule, work schedule, phone numbers, etc. The student will complete, legibly and in pencil or pen, all blocks of time that have been previously committed by work or classes. It is necessary to leave several blocks of time in your schedule to allow for travel to the Clinic, setup, treatment or diagnostic time, cleanup, and travel to other classes or work. Students not allowing such time in their schedules may have difficulty being matched to client schedules.

### **Diagnostic Evaluation Form (Appendix K)**

Students typically generate this form as part of SL 465: Methods of Treatment. Your supervisor will determine and inform you of the due dates for the initial and final draft; however, it is considerate to the people being served that this report and/or summary letter be mailed out as soon as possible following the evaluation. This is a formal, typewritten report that will become part of the client's permanent file.

All test forms are to be filed, as soon as they are generated, in the client's file.

See the Appendix for the outline format to be used for evaluation reports. The supervisor will inform the student of any deviations from the established format that he/she desires for particular reports. **When the supervisor has given final approval for a report, the student must transfer the approved report to NMU letterhead (available from the Clinic Director).**

### **Semester Treatment Summary (Appendix L)**

This formal, typewritten report is generated by students at the end of each semester of treatment and will eventually find its way to the client's permanent file. Its purpose is to inform the reader of the client's intended plan of treatment for the semester, the client's progress, status of the case at the end of the semester, and recommendations for the future. The student should detail the report with information as to methods that were both successful and unsuccessful with the client, as well as behavior programs and reward systems, if appropriate. See the Appendix for the outline format to be used. The supervisor will inform the student of deadlines for rough and/or final drafts. **When the supervisor has given final approval for a report, the student must transfer the approved report to NMU**

**letterhead (available from the Clinic Director).**

**Record of Clinical Treatment and Diagnostic Hours (Appendix G)**

Students reporting clinical clock hours gained at the end of each semester, use this form. Because these are a part of your clinical record, you should be careful to follow the instructions and submit them in as professional form as possible.

1. See the example in the Appendix. Fill in all information requested, including the semester, therapy setting, Speech, Language, and Hearing disorder type found in the client, complete dates, including the year, of each therapy session, and the totals at the bottom of the columns. Do not record dates that the client was NOT seen. Use first and last initials for recording client names.
2. All time is to be recorded in decimal portions of an hour. See Time Conversions on clock hour summary page of the Excel spreadsheet. If the client is being treated for multiple disorders, the student may record portions of one session in each area treated. In no case may the student gain credit for more clock hours than were actually spent in clinical interaction.
3. Print and submit the pertinent pages of the spreadsheet at the end of the semester to your supervisor for approval and signature.
4. It is advised that you photocopy the signed original clock hour summary for your own files. A hard copy of clinical clock hours to date will be filed in your permanent student file along with the signed clock hour forms for the semester.
4. *Clinical Clock Hour forms* that are inappropriately completed will be returned to the student for correction.

**Therapy Attendance Record (Appendix O)**

Students in SL 465 will generate this form for each client seen for therapy or diagnosis during the semester. Its purpose is to assist the Clinical Coordinator in compiling statistics for the semester for various purposes. It should be handwritten in either black ink and but must be legible. At the beginning of the semester, students should fill in the information at the top of the form completely (except for number of sessions attended) and write all possible therapy dates down the left hand side of the form. During the semester, the form should be kept up to date by indicating ONLY those sessions that were missed, and the reason. At the end of the semester, the clinician must count the number of sessions attended and enter the sum at the top of the form. This form must be submitted to his or her supervisor after the last session with the client for the semester. Again, see the Appendix for an example.

**Therapy Plan (Appendix M)**

Information concerning how to write therapy plans will be discussed in the SL 465 (Methods of Treatment) class meetings. These therapy plans are to be placed in the observation room for all sessions by the clinician and removed by the student immediately after the session to preserve confidentiality. Your supervisor will specify further requirements, if any, for therapy plans, or may wish you to use a different style.

**Case Disposition Form (Appendix P)**

Students in SL 465 will generate this form for each client seen for treatment services during

the semester. Its purpose is to assist the Clinical Coordinator in tracking the client and placement in future caseloads. It will be completed at the end of the semester.

Always begin by discussing the disposition with your supervisor. Together you will determine if recommendations will be made to continue treatment, and if so, where. This information will be useful in writing the *Semester Treatment Summary Report*. NEVER promise to a client or a responsible party that a client will be seen in any given semester, even if such a recommendation has been made. Your supervisor will instruct you as to whether you or the supervisor will be discussing the recommendations with the client or responsible party.

### **Evaluation of Student Clinical Performance**

Your clinical performance will be evaluated in collaboration with your supervisor at the middle and end of the semester using the *Student Evaluation for Practicum form* found in Appendix Q. Feedback may be provided to you on the daily therapy plan and or by using the *Observation Notes form* (Appendix N).

The Student Evaluation for Practicum form Appendix Q will be filed in the student's permanent file after meeting with the supervisor to generate its contents.

Each student should review the form in Appendix Q, since it reflects the philosophy the Program has adopted regarding clinical education. It details important aspects of the clinical experience and its rating scale demands that the student grow in each area with each successive semester of clinical experience.

### **Family/Parent Involvement**

Family and parent involvement is a critical factor affecting a client's progress in the treatment process. It is strongly recommended that the clinician involve the family members in the treatment process. Involvement could occur in a variety of ways: weekly parent conferences to discuss objectives and client progress, providing information relevant to the client's problem, providing reading materials, involving a parent in the therapy session, training a family member to work with a client, devising a home program for the family to carry out, etc. Discuss with your supervisor the appropriate method of family/parent involvement for your client. It is expected that at the end of the semester, the clinician will provide appropriate recommendations and methods for the caregiver or client to utilize during the vacation period to ensure stabilization of the progress made during the preceding semester. Copies of all information, suggestions, and materials given to the parents of supporting documentation must be kept in the client's folder.

### **Special Experiences**

At times during the semester, there may be special clinical experiences offered to the student clinician. The supervisor will then dictate the procedures to be followed. Remember to always include your therapy and diagnostic hours on the appropriate forms so credit will be obtained for these experiences. Some of the experiences may include hearing screenings, speech/language screenings or evaluations or co-treatment with another clinician.

**Student Clinician’s Evaluation of Supervision**

At the end of each practicum experience, student clinicians will be evaluate their supervisor. The form is found in Appendix R. The Program secretary will collect all data and submit summary comments to the Clinical Coordinator.

**Supervisory Conferences**

Student clinician should schedule regular, weekly conferences with his or her supervisor immediately upon assignment of a client for the semester. At this meeting, the clinician should be prepared to ask questions, discuss problems, review lesson plans from the previous week, discuss client and clinician progress, review clinician evaluation reports, develop and plan effective parent involvement programs, discuss and devise systems for recording and charting progress, etc. The student clinician should bring to the meeting all information relevant to the case and formulated plans for the next week.

**Acknowledgment of Receipt of Clinical Handbook Form (Appendix B)**

Upon receipt and after reviewing this Clinical Handbook, each student clinician must sign and date the attached Acknowledgment of Receipt (Appendix B) and submit it to the Program Secretary for filing in the student’s permanent file. No client will be assigned without a completed *Acknowledgment of Receipt* present in the student file. The Clinical Coordinator will announce the deadline each semester for new clinical students to submit this form.

Students are expected to review this handbook and refer to it throughout the semester to assure compliance with the Program policies and procedures.

**NMU Supervising Faculty and Faculty Supervision Responsibilities**

The current NMU Speech and Hearing Clinic Supervising Faculty include:

Lori Nelson, M.A., SLP.D,CCC-SLP .....Associate Professor

Diane Jandron CCC-SLP,LP ..... Clinic Director

Heather Isaacson, Ph.D., CCC-SLP .....Assistant Professor

Clinical and observational supervision, whether at or external to the NMU Speech, Language and Hearing Clinic, will be provided by an individual who holds a current Certificate of Clinical Competence in the appropriate area (speech-language pathology or audiology) in accordance with ASHA standards. A supervisor must directly observe at least 50% of diagnostic time and 25% of treatment time. Observations may also be accomplished via closed circuit TV, if available, or video/audio recording. Supervisors hold overall responsibility for the welfare of clients and their progress, and ensuring implementation of ASHA’s Code of Ethics and Departmental or agency clinical procedures.

**Summary of Procedures: Observations**

1. All students will read this Handbook and sign the *Acknowledgment of Receipt form* (Appendix B) prior to observing in the Clinic.
2. Students will consult the master schedule located in the Clinic Reception Area throughout the semester. Those students who wish to observe and are not currently enrolled in SL 370 will obtain permission from the supervisor of the session prior to

- observing.
3. Students will observe rules of confidentiality pertaining to clinical cases they have observed.
  4. Students enrolled in SL 370 will keep records of the experience as instructed in class meetings.
  5. Students will fill out and submit for signature the *Record of Observation Hours* (Appendix E), and then submit the signed form to the SL 370 Instructor.

**Summary of Procedures: Undergraduate Practicum (SL 465)**

1. Upon notification by the Clinical Coordinator of acceptance, students will enroll in SL 465 and will purchase a nametag and for use in all clinically related activities. The Clinical Coordinator will furnish details on the nametags.
2. All clinical students should obtain and review the Clinical Handbook. New clinical students will sign and submit the *Acknowledgment of Receipt form* as directed.
3. Students will be informed of their assigned clients the second week of class. In the first day of class they learn supervisory expectations, and schedule a weekly supervisory conference time.
4. During the semester, students will be responsible for:
  - daily *Therapy Plans*
  - weekly conferences with the supervisor
  - recording *attendance*
  - recording clinical *clock hours*
  - maintaining infection control and risk management procedures and presentable therapy and adjacent observation rooms
  - checking out/in materials appropriately and maintaining them appropriately
  - other activities as directed by the supervisor
5. At the end of the semester, students will submit to the supervisor:
  - the *Semester Treatment Summary* (with home programs attached, if appropriate)
  - the *Case Disposition form*
  - the *Therapy Attendance Record*
  - the *Clinical Clock Hour Spreadsheet*
  - all audiotapes and videotapes pertaining to the case

Students should also check to see that therapy and observation rooms are in presentable condition and that all therapy equipment/materials are returned.

Good luck to you all!





AMERICAN  
SPEECH-LANGUAGE-  
HEARING  
ASSOCIATION

## Code of Ethics

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

Index terms: ethics

doi:10.1044/policy.ET2010-00309

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**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.

**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.
- 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. ~~[Deleted effective June 1, 2014] 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.

**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.
- 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.

## Acknowledgment of Receipt of Clinical Handbook

I have received and read a copy of the Handbook of Clinical Policies and Procedures and will comply with the guidelines stated during any clinical education taking place at the Northern Michigan University Speech and Hearing Clinic or any site affiliated with Northern Michigan University for purposes of clinical education.

I further agree to abide completely with the ASHA Code of Ethics, as reproduced in the Handbook, during all clinical interactions while I am a student of the Speech, Language, and Hearing Sciences Program.

I understand that this form must be signed and dated and must be present in my student file prior to the initiation of any clinical work. I also understand that failure to comply with the Handbook guidelines and ASHA Code of Ethics will result in counseling and/or disciplinary action by the Faculty Committee of the Whole.

Handbook Revision Date: \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date Handbook Received

## CLASS AND WORK SCHEDULE

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

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
8:00-8:30					
8:30-9:00					
9:00-9:30					
9:30-10:00					
10:00-10:30					
10:30-11:00					
11:00-11:30					
11:30-12:00					
12:00-12:30					
12:30-1:00					
1:00-1:30					
1:30-2:00					
2:00-2:30					
2:30-3:00					
3:00-3:30					
3:30-4:00					
4:00-4:30					
4:30-5:00					

Note below those tests and/or treatment procedures with which you are familiar:

Note below clients with whom you have already worked:

Note below any comments to the supervisor about clients or scheduling:

## TIME CONVERSION CHART

Minutes

Decimal Conversion

5	.08
10	.17
15	.25
20	.33
25	.42
30	.5
35	.58
40	.67
45	.75
50	.83
55	.92

Ex. 1 hour 20 minutes = 1.33

3 hours 10 minutes = 3.17

4 hours 40 minutes = 4.67



## Spreadsheet: Clinical Observation Hours

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

Dates: (mm/dd/yy)										
Sites:										
Clinician:										
Decimal Time:										0.00

Dates: (mm/dd/yy)										
Sites:										
Clinician:										
Decimal Time:										0.00

Cumulative  
Total 0.00

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

NMU Supervisor Signature: \_\_\_\_\_

	Articulation	Fluency	Voice	Language	Hearing	Swallowing	Congition	Social Aspects	Alternative Modalities	Cumulative Total
Child Evaluation										0
Adult Evaluation										0
Child Treatment										0
Adult Treatment										0
<b>Total</b>	0	0	0	0	0	0	0	0	0	<b>0</b>

Time Scale		- Decimal Conversion	
minutes	decimal	minutes	decimal
5	= 0.08	25	= 0.42
10	= 0.17	30	= 0.50 = 1/2
15	= .25 = 1/4	35	= 0.58
20	= 0.33	40	= 0.67
		45	= 0.75 = 3/4
		50	= 0.83
		55	= 0.92
		60	= 1.00



## **CLOCK HOUR DESCRIPTIONS**

### **Articulation Disorders**

**Fluency Disorders:** Stuttering, cluttering

**Voice and Resonance Disorders:** includes respiration and phonation

**Language Disorders:** phonology, morphology, syntax, semantics, and pragmatics. This includes problems in speaking, listening, reading and writing and manual modalities

**Hearing Disorders:** includes the impact on speech and language

**Swallowing Disorders:** oral, pharyngeal, esophageal, and related functions including oral function for feeding, orofacial myofunction

**Cognitive Aspects of Communication:** attention, memory, sequencing, problem-solving, executive functioning

**Social Aspects of Communication:** ineffective social skills, challenging behavior, lack of communication opportunities

**Communication Modalities:** oral, manual, augmentative and alternative communication techniques and assistive technology.









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

NMU Supervisor Signature: \_\_\_\_\_

Supervisor ASHA Certification Number: \_\_\_\_\_

Site:

Semester and Year:

Date:

	Articulation	Fluency	Voice	Language	Hearing	Swallowing	Cognitive Aspects	Social Aspects	Alternative Modalities	Cumulative Total
Child Treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Child Evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Adult Treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Adult Evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
										0.00

**Conversion Table**

Minutes	Decimal	Minutes	Decimal
5 =	0.08	35 =	0.58
10 =	0.17	40 =	0.67
15 =	0.25	45 =	0.75
20 =	0.33	50 =	0.83
25 =	0.42	55 =	0.92
30 =	0.50	60 =	1.00





ADULT CASE HISTORY FORM

Please complete this form as completely as possible and have copies of all pertinent medical, speech, language, and hearing reports sent to us. All information disclosed to us is kept strictly confidential.

Date:
Date of Birth Age Email address:
Client's Name
Home Address
City
State ZIP
Phone # (Home) Phone # (Work)

Where do you work?

Referred by: Name Address

If other than client, name and relationship to client of person filling out this form

Who lives with you in your residence?

Who will be transporting you to our facility?

Name Phone Number
What is your highest educational level?
What is your occupation?
What languages do you speak? What is your dominant language?

MEDICAL HISTORY

Month/year of last physical exam Doctor

Results

Do you wear glasses? Do you wear a hearing aid?

Month/year of last hearing test
Where?

Results Do you currently take medication
If yes, please list the medication and its purpose





## MEDICAL HISTORY (continued)

Have you ever suffered from or been diagnosed with any of the following conditions? Please check any that apply to you.

- |  |  |
|--|--|
| <input type="checkbox"/> alcohol/substance abuse             | <input type="checkbox"/> head injury, concussion                 |
| <input type="checkbox"/> allergies                           | <input type="checkbox"/> hearing loss                            |
| <input type="checkbox"/> ALS (amyotrophic lateral sclerosis) | <input type="checkbox"/> heart attack                            |
| <input type="checkbox"/> Alzheimer's Disease/Dementia        | <input type="checkbox"/> hepatitis                               |
| <input type="checkbox"/> asthma                              | <input type="checkbox"/> HIV positive/AIDS                       |
| <input type="checkbox"/> Bell's Palsy                        | <input type="checkbox"/> learning disability                     |
| <input type="checkbox"/> breathing difficulties              | <input type="checkbox"/> Meniere's Disease                       |
| <input type="checkbox"/> cancer                              | <input type="checkbox"/> MS (multiple sclerosis)                 |
| <input type="checkbox"/> cleft palate                        | <input type="checkbox"/> Myasthenia Gravis                       |
| <input type="checkbox"/> CVA or TIA (stroke)                 | <input type="checkbox"/> paralysis                               |
| <input type="checkbox"/> diabetes                            | <input type="checkbox"/> eating/swallowing difficulties          |
| <input type="checkbox"/> drug abuse                          | <input type="checkbox"/> stuttering                              |
| <input type="checkbox"/> encephalitis                        | <input type="checkbox"/> trauma to face, mouth, throat, or chest |

Explain any checked conditions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any major surgeries or hospitalizations in recent years: \_\_\_\_\_

Have you previously been seen by a speech pathologist? \_\_\_\_\_ When? \_\_\_\_\_

Results \_\_\_\_\_

\_\_\_\_\_

Describe any present difficulties with speech, language, or hearing. (When and how they began, have they changed recently?)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State the types of services you are seeking at this time and why \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If there is anything else you would like to explain that hasn't been covered in this questionnaire, please use this space to explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In case of an emergency, we should contact:

Name	Relationship	Phone	Address
------	--------------	-------	---------

\_\_\_\_\_

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\_\_\_\_\_  
(Name of Client)

Specify the agencies/professionals, along with their addresses, to whom we should release information:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

I also authorize the Speech, Language, Hearing Sciences Program to make the necessary and constructive use of verbal and written information, sound and video recordings, and other records pertaining to the evaluation, treatment and other services rendered the above person and/or his or her family by said department. It is understood that the Speech, Language, and Hearing Sciences Program will exercise due discretion in making use of these materials for educational, recruiting, and professional purposes only and will protect the identity of the person or persons to whom the materials pertain in accordance with the Electronic Data Interchange (EDI) Rule of the Federal Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA).

It is the responsibility of the client or his/her responsible party to obtain and provide copies of related reports to the NMU Speech-Language and Hearing Clinic. Each client's faculty supervisor will indicate which reports are necessary.

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

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

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



When was the speech or language difficulty first noticed? \_\_\_\_\_

Who noticed it?

Has the problem changed since it was first noticed?      How?

---

## PRE-NATAL /BIRTH HISTORY

Biological mother's age at time of pregnancy: \_\_\_\_\_

Any medical problems before this pregnancy: Yes  No  If yes, please explain. \_

Did the mother have any of the following during the pregnancy? German Measles  Toxemia   
Accidents/Injuries  Anemia  Hospitalization  Other

Please explain above complications: \_\_\_\_\_

***Please check and explain all that apply:***

- Mother took medication during pregnancy \_
- Child was born prematurely \_
- Prolonged labor \_
- Forceps used \_
- Caesarean Section \_
- Breech birth \_
- Mother given drugs during labor/delivery \_\_\_\_\_
- Low birth weight \_
- Small for gestational age \_
- Rh Factor \_
- Child received oxygen at birth \_
- Other complications \_

## DEVELOPMENTAL HISTORY

*Please give age when the following first occurred:*

MILESTONE	AGE FIRST OCCURRED	MILESTONE	AGE FIRST OCCURRED
Held up head		Sat up unsupported	
Crawled		Reached for an object	
Stood		Walked unaided	
Ran		First tooth erupted	
First word		Put two words together	
Bladder trained		Bowel trained	
Night trained		Fed self	

Which hand does the child use most frequently? Right  Left  No preference

Does your child have difficulty walking, running, or participating in other activities which require small or large muscle coordination? \_\_\_\_\_

Are there or have there ever been any feeding problems (e.g., problems with sucking, swallowing, drooling, chewing, etc.?) If yes, please describe. \_\_\_\_\_

Describe the child's response to sound (please check all that apply):

Responds to all sounds  Responds to loud sounds  Inconsistently responds to sounds



## MEDICAL HISTORY

<b>Surgeries:</b>	Reason:	Hospital:
Check all that apply: indicate age and describe where appropriate.	Age    Describe:	
<b>Condition:</b>		
<input type="checkbox"/> Adenoidectomy		
<input type="checkbox"/> Allergies		
<input type="checkbox"/> Asthma		
<input type="checkbox"/> Blood disease		
<input type="checkbox"/> Cataracts		
<input type="checkbox"/> Chickenpox		
<input type="checkbox"/> Chronic colds		
<input type="checkbox"/> Convulsions		
<input type="checkbox"/> Croup		
<input type="checkbox"/> Dental problems/ Orthodontia		
<input type="checkbox"/> Ear aches		
<input type="checkbox"/> Ear infections		
<input type="checkbox"/> Encephalitis		
<input type="checkbox"/> Headaches		
<input type="checkbox"/> Head injuries		
<input type="checkbox"/> Heart problems		
<input type="checkbox"/> Influenza		
<input type="checkbox"/> Mastoidectomy		
<input type="checkbox"/> Measles		
<input type="checkbox"/> Muscle disorder		
<input type="checkbox"/> Pneumonia		
<input type="checkbox"/> Tonsillectomy		
<input type="checkbox"/> Tonsillitis		
<input type="checkbox"/> Other (please specify)		

Is your child's health:    Good     Fair     Poor

Is your child now under medical treatment or on medication?    Yes     No

List your child's prescribed drugs and over-the-counter drugs, (ex. Medications, Vitamins, Inhalers) \_\_\_\_\_

Date of last vision test: \_\_\_\_\_ Results: \_\_\_\_\_

Date of last hearing test: \_\_\_\_\_ Results: \_\_\_\_\_

Does your child wear a hearing aid?    Yes     No     Glasses?    Yes     No     If yes, please explain.

Date of comprehensive or behavioral evaluation(s): \_\_\_\_\_

## EVERYDAYINFORMATION

Is English the primary language in the home? Yes  No  If not, what is the primary language? \_\_\_\_\_

Please describe how your child interacts with others? (e.g., shy, aggressive, uncooperative, etc.) \_\_\_\_\_

How does your child get along with other children? \_\_\_\_\_

Does your child prefer to play alone? \_\_\_\_\_

Does your child have pretend play (pretends to go to work like mom/dad, drinks pretend tea, etc.) \_\_\_\_\_

What are your child's favorite TV shows? \_\_\_\_\_

Does your child have a favorite stuffed animal or cartoon character? \_\_\_\_\_

How does your child get along with brothers and sisters? \_\_\_\_\_

What kinds of activities are engaged in by the whole family? \_\_\_\_\_

What things does your child do particularly well? \_\_\_\_\_

## EDUCATIONALINFORMATION

Child's current grade level: \_\_\_\_\_

School: \_\_\_\_\_

Teacher(s): \_\_\_\_\_

How is your child doing academically? \_\_\_\_\_

If enrolled for special services, has an Individual Educational Plan (IEP) been developed? If yes, please describe your child's goals or attach a copy of his/her IEP. \_\_\_\_\_

Please provide any additional information that may be helpful in the evaluation or treatment of your child.

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\_\_\_\_\_ (Name of Client)

Specify the agencies/professionals, along with their addresses, to whom we should release information:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

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It is the responsibility of the client or his/her responsible party to obtain and provide copies of related reports to the NMU Speech-Language and Hearing Clinic. Each client's faculty supervisor will indicate which reports are necessary.

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

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

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



Audiological Case History Form

Name Sex Birthdate

Address City/State

Home Phone Work phone Zip

Occupation (now) (formerly)

Referred by File #

I. Subjective: Hearing History

A. Do you have any problem hearing? Which ear? When did you first notice it? Has the hearing loss been: Gradual Sudden Fluctuating

B. Have you ever had a hearing test? Where When? Results (if known)

C. Do you wear a hearing aid? How long have you worn it? Are you satisfied with it?

D. If no, have you ever thought about using a hearing aid?

E. Do you have trouble hearing in any of these situations? Please circle the appropriate response.

Table with 4 columns: Situation, Always, Sometimes, Never. Rows include: On the telephone, With background noise, Watching television, Children talking, Women talking, Men talking, In movies.

In concerts	Always	Sometimes	Never
At parties	Always	Sometimes	Never
At church	Always	Sometimes	Never

F. Do you hear any noises in you ears?  Yes  No

Describe:  Ringing  Roaring  Buzzing  Chirping  Pulsing  Hissing  
 Humming  Other \_\_\_\_\_

These noises are in  Right ear  Left ear  Both ears

The noises are present  Always  Often  Sometimes

When did you start having the noises? \_\_\_\_\_

G. Have you had any dizziness?  Yes  No

Which of the following describes your dizziness?

The room seems like it's spinning and I'm still

I feel like I'm spinning and the room is still

I feel lightheaded

I feel like I'm going to fall down

I feel sick to my stomach

I feel off-balance in space

Other (describe) \_\_\_\_\_

When did you start feeling dizzy \_\_\_\_\_

Is your dizziness caused by any particular body movement?  Yes  No

What movement? \_\_\_\_\_

The dizziness is present  Always  Often  Sometimes

H. Do you have a feeling of fullness or pain in your ears?  Yes  No

That feeling is present  Always  Often  Sometimes

The feeling is present in  Right ear  Left ear  Both

When did you start having that feeling? \_\_\_\_\_

## I. Otologic History

A. Have you had repeated ear infections?  Yes  No

If yes, have you had tubes in your ears (Myringotomy)

Which ear?  Right  Left  Both  Can't Remember

B. Are you presently being treated by an ear specialist?  Yes  No

For what reason? \_\_\_\_\_

Physician's name \_\_\_\_\_

C. Have you ever had surgery on your ears?  Yes  No

Type of surgery \_\_\_\_\_

Date of surgery \_\_\_\_\_

D. Have you ever been exposed to loud noises?  Yes  No

Please indicate the types of noise:

- |  |  |
|--|--|
| <input type="checkbox"/> Gunfire _____     | <input type="checkbox"/> Motorcycles _____       |
| <input type="checkbox"/> Explosions _____  | <input type="checkbox"/> Power lawn mowers _____ |
| <input type="checkbox"/> Factory noise _   | <input type="checkbox"/> Aircraft _              |
| <input type="checkbox"/> Power tools _     | <input type="checkbox"/> Loud music _            |
| <input type="checkbox"/> Heavy equipment _ | <input type="checkbox"/> Military tanks _____    |
| <input type="checkbox"/> Other types _     |  |

Have you served in the military?  Yes  No

Do you think that noise has affected your hearing?  Yes  No

### III. Family History

Has any blood relative that you know of had a hearing loss?  Yes  No

What was the cause of the hearing loss? \_\_\_\_\_

How was the(se) person(s) related to you?

- |  |  |
|--|--|
| <input type="checkbox"/> Father _____      | <input type="checkbox"/> Grandfather _ |
| <input type="checkbox"/> Mother _____      | <input type="checkbox"/> Aunt _        |
| <input type="checkbox"/> Sister _____      | <input type="checkbox"/> Uncle _       |
| <input type="checkbox"/> Brother _____     | <input type="checkbox"/> Cousin _____  |
| <input type="checkbox"/> Grandmother _____ | <input type="checkbox"/> Child _       |

### IV. General Medical History

A. Health at present can best be described as \_\_\_\_\_

B. Do you have diabetes?  Yes  No

Age at onset \_\_\_\_\_

Treatment (diet, drugs, etc.) \_\_\_\_\_

C. Do you have high blood pressure?  Yes  No

Approximate age at onset \_\_\_\_\_

Treatment \_\_\_\_\_

D. Do you have heart or kidney disease?  Yes  No

Type and age of onset \_\_\_\_\_

Treatment \_\_\_\_\_

E. Do you have vision problems?  Yes  No





Please indicate which of the following diseases/disorders you have had. State approximate age or date of onset.

\_\_\_ Measles  
\_\_\_ Mumps

\_\_\_ Rheumatic fever  
\_\_\_ Scarlet fever

\_\_\_ Malaria  
\_\_\_ TB

\_\_\_ Chickenpox  
\_\_\_ Polio

\_\_\_ Diphtheria  
\_\_\_ Meningitis

\_\_\_ Cancer  
\_\_\_ Venereal Disease

\_\_\_ Pneumonia  
\_\_\_ Jaundice

\_\_\_ Severe burns  
\_\_\_ Valley fever

\_\_\_ Epilepsy  
\_\_\_ Concussion, head injury

Other:

\_\_\_\_\_

F. Do you take any medication regularly?  Yes  No  
If yes, type and dosage \_\_\_\_\_

G. Do you smoke cigarettes or cigars?  Yes  No  
How much do you smoke per day (packs)? \_\_\_\_\_  
How long have you been smoking (years)? \_\_\_\_\_

H. Do you drink alcohol:  Regularly  Socially  Never

### V. Communication History

A. Does your hearing loss interfere with communication?  Yes  No

B. Have you been enrolled in an aural rehabilitation program?  Yes  No  
Did it seem to help you?  Yes  No

C. Has your hearing problem affected your relationships with family or friends?  
 Yes  No

D. Are you able to use lipreading efficiently?  Yes  No

To whom should we send a report of this evaluation?

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

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

\_\_\_\_\_

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\_\_\_\_\_  
(Name of Client)

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1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_

I also authorize the Speech, Language, and Hearing Sciences Program to make the necessary and constructive use of verbal and written information, sound and video recordings, and other records pertaining to the evaluation, treatment and other services rendered the above person and/or his or her family by said department. It is understood that the Speech, Language, and Hearing Sciences Program will exercise due discretion in making use of these materials for educational, and professional purposes only and will protect the identity of the person or persons to whom the materials pertain in accordance with the Federal Health Insurance and Portability Act (HIPAA) and the Electronic Data Interchange (EDI) Rule. This authorization is made in consideration of the service rendered by the Department.

It is the responsibility of the client or her/her responsible party to obtain and provide copies of related reports to the NMU Speech-Language and Hearing Clinic. Each client's faculty supervisor will indicate which reports are necessary.

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

Signed: \_\_\_\_\_

Relationship to the client (if applicable) \_\_\_\_\_

## **DIAGNOSTIC EVALUATION**

Client's Name: \_\_\_\_\_ Dates of Treatment: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_  
Phone: \_\_\_\_\_ Clinician: \_\_\_\_\_  
Parents: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Referral Source: \_\_\_\_\_

### **Statement of the Problem:**

- State client name, age, gender, referral source, reason for referral, client and/or significant other's statements about the problem.

### **Background Information:**

- Include information on client's typical environments (work, family, school, social, etc.) and the impact of the problem on these areas.
- History of the problem
- Other professional contacts for the problem (when, where, by whom and results); environments or occasions when symptoms are better or worse.
- For children and for adults with congenital or childhood onset difficulties, include developmental history; history of mother's pregnancy and delivery, early childhood feeding/cognitive/gross motor and motor development/speech and language development.
- Describe progress in school and academic-related activities; list current therapies received, including their frequency.
- List social development history, family history or related problems.

### **Evaluative Data:**

- List the dates when tests were administered. List all standardized tests and informal tasks used in the assessment.
- By skill area (hearing, oral-motor, intelligibility, receptive language, expressive language), describe all test scores, results of informal tasks, and observations related to that skill area.
- Note all skills areas that were not tested and give reasons for not testing those areas.

### **Summary:**

- Summarize the evaluation, including a repetition of the client's name, age, and gender.
- State a communication disorder diagnosis and severity level
- State your rationale for reaching this conclusion
- State the prognosis for treatment and reasons for the prognosis

**Recommendations:**

**AFTER SUPERVISORY APPROVAL IS OBTAINED:**

- State general recommendations including treatment requirement, frequency and duration of treatment, and a list of alternative sites where treatment can be obtained. Include referrals to related professionals.
- If treatment is to take place at the NMU Speech-Language and Hearing Clinic, supply the semester recommended (ex. Winter 20\_\_semester).
- Make other recommendations as discussed with your supervisor (for example, the child should be enrolled in Head Start; the client has been referred to the American Heart Association for information on free blood pressure checks; etc.)

**Signature lines of the student and the faculty supervisor should take this form:**

---

John Smith  
Student Clinician

---

Joseph Johnson, Ph.D., CCC-SLP  
Clinical Supervisor

**Additional Information Placed Under Signature Lines:**

- It is customary for the client (if an adult) or parents (if client is a child) to automatically receive a copy of the report. The referral source also receives a copy unless the parent or client specifically refuse. Designate that copies should be sent to those individuals indicated by the client or the parent(s) under the last signature line in this manner (discuss with your supervisors, examples follow):

cc: Mary Ellen Jones, TSLI, Marquette-Alger Intermediate School District  
James White, M.D., Upper Peninsula Medical Center  
Sue Stone, Speech Therapist, Head Start

- Designate what attachments should accompany copies of this report and list their titles in this manner (discuss with your supervisor, examples follow):

att: Home Program  
Samples of client responses  
Language sample  
Summary of signs learned this semester  
Summary of words used verbally  
etc.

**General Comments:**

1. Pages after the first one should have the client's name and page number. This can be done easily with a header.
2. Please paper clip (do not staple) the pages to be copied.
3. The summary, signatures, and cc: should all be on the same page.

## **SEMESTER TREATMENT SUMMARY**

Client's Name: \_\_\_\_\_ Dates \_\_\_\_\_ of \_\_\_\_\_ Treatment: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of \_\_\_\_\_ Birth: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_  
Phone: \_\_\_\_\_ Clinician: \_\_\_\_\_  
Parents: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Referral Source: \_\_\_\_\_

### **Client Background:**

- State client name, age, sex, referral source, reason for referral, communication disorders and other conditions presented.
- Provide brief background history.

### **Summary of Treatment:**

- State treatment schedule (frequency and duration of planned treatment) and total individual group therapy hours (if applicable).
- Describe client motivation, attendance, support systems.
- By goal/objective area, state:
  - Baseline and final data
  - Variables and affecting progress
  - Methods/strategies used and effectiveness of each
- State changes in plan of treatment during the semester and rationale for each; treat each new goal/objective as above.
- Describe (and attach – see below) any home program administered.

### **Recommendations:**

**(SUPERVISORY APPROVAL IS OBTAINED BEFORE YOU LIST THESE):**

- Make a recommendation to continue treatment, transfer to another facility or terminate treatment.
- If treatment is to continue at the NMU Speech-Language and Hearing Clinic, supply the semester recommended (ex. Winter 20\_\_semester).
- Make other recommendations as discussed with your supervisor (for example, the child should be enrolled in Head Start; the client has been referred to the American Heart Association for information on free blood pressure checks; etc.)

**Signature lines of the student and the faculty supervisor should take this form:**

---

John Smith  
Undergraduate Clinician

---

Joseph Johnson, Ph.D., CCC-SLP  
Clinical Supervisor

**Additional Information Placed Under Signature Lines**

- Designate that copies should be sent to those individuals indicated by the client or the parent(s) under the last signature line in this manner (discuss with your supervisors, examples follow):

cc: Mary Ellen Jones, TSLI, Marquette-Alger Intermediate School District  
James White, M.D., Upper Peninsula Medical Center  
Sue Stone, Speech Therapist, Head Start

- Designate what attachments should accompany copies of this report and the title of each attachment (discuss with your supervisor, examples follow):

att: Home Program  
Samples of client responses  
Language sample  
Summary of signs learned this semester  
Summary of words used verbally  
etc.

General Comments:

1. Pages after the first one should list the client's name and page number. This can be done easily with a header.
2. Please paper clip (do not staple) the pages to be copied.
3. The summary, signatures, and c: should all be on the same page. The last page cannot contain only signatures.



**THERAPY PLAN**

Client' Name: \_

Date of Session: \_\_\_\_\_

Clinician: \_\_\_\_\_

GOALS	OBJECTIVES	STRATEGIES (ACTIVITIES)	SUPERVISOR'S NOTES

# Observation Notes

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

Clinician: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_

Setting:  NMU  
 Other \_\_\_\_\_

\*\*\*\*\*

Exceptional	Suitable	Needs Improvement	No Opportunity or Not Applicable	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of reinforcement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stimulus-Response Ratio
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feedback provided to client
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clarity in expectations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preparation of lesson plan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ability to carry out lesson plan

\*\*\*\*\*

**Comments:**



NORTHERN MICHIGAN UNIVERSITY  
Speech, Language, and Hearing Sciences Program

**CASE DISPOSITION**

(FOR INTERNAL USE ONLY. Retain most recent form in file.)

Client's Name: <i>Billy Brown</i>	Date: <i>9/16/06</i>
Client's D.O.B.: <i>4/14/01 (5.5 years)</i>	Clinician: <i>John Student</i>
Client's Address: <i>1414 W. Fair Avenue Marquette, MI 49855</i>	Supervisor: <i>Diane Jandron</i>
Client's Phone: <i>228-0000</i>	
Parents' Names: <i>Gerald and Karen Brown</i>	Diagnosis: <i>Mild hearing impairment; mild language delay; mild fluency dis- order</i>
Disposition of Case: <i>Parents wish services for fall, 2006 and winter, 2007.</i>	
Comments: <i>Many absences due to illness; otherwise client and parents are compliant.</i>	

## Student Practicum Evaluation

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

Supervisor: \_\_\_\_\_

Setting: \_\_\_\_\_

Course Number: \_\_\_\_\_

**Rating Key:**

- 5 **Student** performs at a level exceeding supervisory expectations considering clinical experience and academic level.
- 4 **Student** performs at a level commensurate with supervisory expectations considering clinical experience and academic level.
- 3 **Student** must improve to meet supervisory expectations considering clinical experience and academic level
- 2 **Student's** performance falls significantly below supervisory expectations considering clinical experience and academic level. Practice is unsafe, unprofessional, or weak.
- 1 **Student's** clinical practice is detrimental to clients or the site and must be removed immediately.

**Other Notations:**

- +P When added to numerical ratings, this indicates that the student is improving in this area.
- NA Not applicable.

Dates:

<b>Clinical Education Outcome Area: Professionalism</b>				
Student demonstrates ability to keep confidentiality.				
Student demonstrates appropriate regard for client's best interests.				
Student demonstrates efficient time management skills.				
Student demonstrates dependability in clinical matters.				
Student demonstrates appropriate follow-through with clinical responsibilities.				
Student demonstrates appropriate interest in self-development and clinical education.				
Student demonstrates appropriate effort in gaining clinical education.				
Student demonstrates appropriate resourcefulness in preparation for clinical interactions.				
Student demonstrates appropriate independence and decision-making skills.				
Student adheres to the ASHA Code of Ethics.				

Dates:

<b>Clinical Education Outcome Area: Documentation Skills</b>				
Student demonstrates appropriate timeliness in submitting documentation.				
Student demonstrates completeness in reporting.				
Student demonstrates accuracy in reporting.				
Student demonstrates accuracy and appropriate use of clinical language.				
Student demonstrates general written language skills appropriate for the field.				

Dates:

<b>Clinical Education Outcome Area: Clinical Skills</b>				
Student demonstrates appropriate knowledge of diagnostic tools and methods.				
Student demonstrates appropriate application of diagnostic tools and methods.				
Student demonstrates appropriate knowledge of treatment tools and methods.				
Student demonstrates appropriate application of treatment skills and methods.				
Student demonstrates appropriate application of behavior management principles.				
Student demonstrates appropriate planning skills.				
Student utilizes appropriate materials and activities.				
Student demonstrates appropriate analysis of the patient's performance.				
Student modifies activities according to the patient's needs.				
Student demonstrates appropriate analysis of self-skills.				
Student demonstrates application of academic knowledge.				
Student provides counseling to patient and/or appropriate significant others in an effective manner.				

Dates:

<b>Clinical Education Outcome Area: Verbal Communications</b>				
Student demonstrates appropriate verbal skills.				
Student demonstrates appropriate use of clinical terminology.				
Student demonstrates ability to relate appropriately to clients.				
Student demonstrates the ability to relate appropriately to other students, professionals, and family members.				
Student demonstrates the ability to appropriately explain clinical information to the client and/or family appropriately.				

Dates:

<b>Clinical Education Outcome Area: Supervisory Use</b>				
Student demonstrates acceptance of supervisory suggestions.				
Student easily translates supervisory suggestions into action.				
Student attends supervisory meetings dependably.				
Student recognizes when additional help is necessary and seeks it appropriately.				
Student demonstrates an appropriate attitude toward the supervisory process.				

***Comments by Supervisor:***

***Comments by Student Clinician:***

Supervisor's Signature and Area of Certifications)

\_\_\_\_\_ Date

Student's Signature Acknowledging Receipt of this Evaluation

\_\_\_\_\_ Date

## Student Speech-Language Therapy Assistant Practicum of Evaluation

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

Supervisor: \_\_\_\_\_

Setting: \_\_\_\_\_

Course Number: \_\_\_\_\_

**Rating Key:**

- 5 **Student** performs at a level exceeding supervisory expectations considering clinical experience and academic level.
- 4 **Student** performs at a level commensurate with supervisory expectations considering clinical experience and academic level.
- 3 **Student** must improve to meet supervisory expectations considering clinical experience and academic level
- 2 **Student's** performance falls significantly below supervisory expectations considering clinical experience and academic level. Practice is unsafe, unprofessional, or weak.
- 1 **Student's** clinical practice is detrimental to clients or the site and must be removed immediately.

**Other Notations:**

+P When added to numerical ratings, this indicates that the student is improving in this area.

NA Not applicable.

Dates:

<b>Clinical Education Outcome Area: Professionalism</b>				
Student demonstrates ability to keep confidentiality.				
Student demonstrates appropriate regard for client's best interests.				
Student demonstrates efficient time management skills.				
Student demonstrates dependability in clinical matters.				
Student demonstrates appropriate follow-through with clinical responsibilities.				
Student demonstrates appropriate interest in self-development and clinical education.				
Student demonstrates appropriate effort in gaining clinical education.				
Student demonstrates appropriate resourcefulness in preparation for clinical interactions.				
Student demonstrates appropriate independence and decision-making skills.				
Student adheres to the ASHA Code of Ethics.				



Student collaborates with other professionals in case Management.				
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Dates:

<b>Clinical Education Outcome Area: Documentation Skills</b>				
Student demonstrates appropriate timeliness in submitting documentation.				
Student demonstrates completeness in reporting.				
Student demonstrates accuracy in reporting.				
Student demonstrates accuracy and appropriate use of clinical language.				
Student demonstrates general written language skills appropriate for the field.				

Dates:

<b>Clinical Education Outcome Area: Clinical Skills</b>				
Student demonstrates appropriate knowledge of diagnostic tools and methods.				
Student demonstrates appropriate application of diagnostic tools and methods.				
Student demonstrates appropriate knowledge of treatment tools and methods.				
Student demonstrates appropriate application of treatment skills and methods.				
Student demonstrates appropriate application of behavior management principles.				
Student demonstrates appropriate planning skills.				
Student utilizes appropriate materials and activities.				
Student demonstrates appropriate analysis of the patient's performance.				
Student modifies activities according to the patient's needs.				
Student demonstrates appropriate analysis of self-skills.				
Student demonstrates application of academic knowledge.				
Student provides counseling to patient and/or appropriate significant others in an effective manner.				

Dates:

<b>Clinical Education Outcome Area: Verbal Communications</b>				
Student demonstrates appropriate verbal skills.				
Student demonstrates appropriate use of clinical terminology.				
Student demonstrates ability to relate appropriately to clients.				
Student demonstrates the ability to relate appropriately to other students, professionals, and family members.				
Student demonstrates the ability to appropriately explain clinical information to the client and/or family appropriately.				

Dates:

<b>Clinical Education Outcome Area: Supervisory Use</b>				
Student demonstrates acceptance of supervisory suggestions.				
Student easily translates supervisory suggestions into action.				
Student attends supervisory meetings dependably.				
Student recognizes when additional help is necessary and seeks it appropriately.				
Student demonstrates an appropriate attitude toward the supervisory process.				

***Comments by Supervisor:***

***Comments by Student Clinician:***

\_\_\_\_\_  
Supervisor's Signature and Area of Certifications)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature Acknowledging Receipt of this Evaluation

\_\_\_\_\_  
Date



Speech, Language, and Hearing Sciences Program  
1401 Presque Isle Avenue  
Marquette, MI 49855-5301  
906-227-2125  
FAX: 906-227-2178  
Web site: [www.nmu.edu](http://www.nmu.edu)

### **Policy on Speech and Language Screening of SLHS Majors**

The following policy became effective winter semester, 1999 and applies to all Speech, Language, and Hearing Science majors.

1. All undergraduate students, declaring Speech, Language, and Hearing Sciences as their major, and all post-baccalaureate students will undergo speech, language and hearing screenings from Northern Michigan University's Speech, Language, and Hearing Clinic.
2. Screening dates and times will be posted at the beginning of fall and winter semesters and will be announced in class.
3. Screenings will be conducted by student clinicians under ASHA certified supervisors or by ASHA certified faculty.
4. Students identified as exhibiting speech, language, and/or hearing difficulties judged to pose potential academic, clinical, or vocational limitations will be referred for full assessment with other appropriate recommendations being made at that time.

Diane Jandron-, CCC-SLP  
Clinic Director

Lori A. Nelson, SLP.D, CCC-SLP  
Associate Professor

Heather Isaacson, M.A. CCC-SLP  
Assistant Professor

**APPENDIX T**  
**Northern Michigan University**  
**Speech and Hearing Clinic Privacy Policy**  
The Science Building Room 1504  
Marquette, MI 49855  
Phone: 906-227-2125

This notice describes how medical information about our patient/clients may be used and disclosed and How they can obtain access to this information. Please review it carefully.

Clients who have questions or require additional information should ask the Clinic Director. Clients who have complaints can submit them Sherida Riipi, the program secretary. The Clinic Director will review the complaint. Clients who have complaints that require immediate attention should ask for the Clinic Director or Paul Mann, Department Chair. Clients whose complaints have not been resolved to their satisfaction can address complaints to the Secretary of the United States Department of Health and Human Services. The Speech and Hearing Clinic will not retaliate against any individual for filing a complaint.

**Terms:**

Any medical information which could in any way identify an individual client, is considered **Protected Health Information (PHI)**. PHI will be used and disclosed only as needed for the Speech and Hearing Clinic to perform continuity of care regarding **Treatment, Payment and Health Care Operations (TPO)**. Any other disclosure will require the written authorization of the client. In general, use or disclosure of PHI for purposes other than treatment, or a disclosure requested by the client, is limited to the **Minimum Necessary** to accomplish the intended purpose.

**Access:**

The following people will have access to PHI:

- The client.
- Any person to whom the client has authorized in writing the release of information.
- Speech and Hearing Clinic staff who are involved in providing care to the client will have access as indicated below:
  - Audiologists, speech/language pathologists, speech/language supervisors, faculty and student clinicians (graduate and undergraduate).
  - Secretarial staff need access to the entire medical record in order to file all components of the chart.
- Public Health Services and regulatory officials, when required by law.
- Research that contributes to the public good; with individual authorization, or without individual authorization under limited circumstances set forth in the Privacy Rule 45 CFR 164.501, 164.508, 164.512(i).
- Courts, when the request is accompanied by a duly executed subpoena and reviewed by NMU legal counsel.
- Parents or legal guardians of a minor.
- Referring physicians and/or therapists, and physicians and/or therapists involved in continuity of care.

*\*Custodial staff do not have access to PHI*

**Minimum Necessary:**

Requests for disclosure of PHI for all purposes will be reviewed by the Clinic Director to assure that they meet the minimum necessary requirement.

**Patent/Client Rights:**

- Clients have a right to see and obtain a copy of their PHI.
- Clients have a right to request limitations to the routine use of PHI for TPO.
- Clients have a right to request changes in their PHI.
- Clients have a right to choose someone to act for them (Medical POA or Legal Guardian).
- Clients have a right to request confidential communications about their PHI.
- Clients have a right to choose to participate in Clinic marketing/media.
- Clients have the right to see a list of all people to whom PHI has been disclosed. In order to meet this requirement, the Speech and Hearing Clinic must keep a disclosure log. The log must record all disclosures, both written and verbal.
- Clients have a right to file a complaint if they believe their rights have been violated.

**Privacy and Security:**

- The NMU Speech and Hearing Clinic is required by law to maintain the privacy and security of your PHI.
- Faculty, staff and student clinicians will not use or share your information other than as described here unless authorized in writing. Changes/revisions may be made at any time by written request.
- All faculty, staff, and student clinicians will receive instruction about and be familiar with the Speech and Hearing Clinic Privacy Policy.
- Faculty, staff, and student clinicians will exert due diligence to avoid being overheard when discussing PHI.
- All records will be kept secured. When the Clinic is open, exposed patient records are not left unattended in unlocked offices. When the Speech and Hearing Clinic is closed, all files are placed in cabinets inside a locked room.
- The NMU Speech and Hearing Clinic will provide prompt notification if a breach occurs that may have compromised the privacy or security of a client's PHI.
- Faculty, staff and student clinicians must follow the duties and privacy practices described in this notice and give you a copy of it.