TABLE OF CONTENTS

I. CSD Department Administrative Offices & Organizational Chart

II. Department Policies
   A. KASA Policies & Procedures
   B. Graduate Student Probation Policies
   C. Professional Dispositions & Essential Functions
   D. Professional Dispositions and Essential Functions Policy
   E. Professional Dispositions/Essential Functions Report
   F. Policy for Proficiency in English
   G. Classroom Policies
   H. Student Concern Form
   I. 35-Hour Option Independent Study for MS SLP Students
   J. Comprehensive Examinations Policies & Procedures
   K. Audiology Capstone Completion Plan: Requirements & Timeline

III. Safety & Emergency Information
   A. Emergency Response Plan
   B. Automated External Defibrillator (AED) Action Plan
   C. Bloodborne Pathogens Exposure Control Plan
   D. Speech and Hearing Clinic Environmental Health Plan
      1. Hand Hygiene
      2. Disposing of Medical Waste
      3. Cleaning and Disinfecting
      4. Sterilization
      5. Personal Protective Equipment
      6. Hazardous Chemical Waste
      7. CCC Policy
   E. Mandated Crime Reporting
   F. Reporting Suspected Elder Abuse

IV. Introduction to the Clinic
   A. History and Purpose of the Eckelmann-Taylor Speech and Hearing Clinic
   B. ASHA Code of Ethics
   C. American Academy of Audiology Code of Ethics
D. Progression of Clinical Experiences in Speech-Language Pathology
E. Progression of Clinical Experiences in Audiology
F. CCC Standards in Speech-Language Pathology
G. CCC Standards in Audiology
H. Dress Code

V. Privacy And Confidentiality Policies
   A. Health Insurance Portability and Accountability Act (HIPAA)
   B. Notice of Privacy Practices - Uses and Disclosures of Medical Information
   C. Notice of Privacy Practices Acknowledgement
   D. Consent for Treatment
   E. Electronic Health Record
   F. Paper Health Record
   G. Close-out Policy
   H. Monitoring, Recording, and Photographing Patients
   I. Training/Observation Permission Form
   J. Making Telephone Calls to Patients/Parents/Guardians
   K. Faxing of Patient Information
   L. Authorization to Release Records
   M. Authorization Form
   N. Protection and Destruction of Paper Records
   O. Multidisciplinary Conference Team (MDC)
   P. Observation Policy
   Q. Observation Policy for Family Members
   R. Privacy and Confidentiality Training
   S. Sanctions for Privacy Violations
   T. Privacy and Confidentiality Training Acknowledgement
   U. Federal Educational Rights and Privacy Act (FERPA)

VI. Clinic Materials Center
   A. Staffing
   B. Policies
   C. Reserving Materials
   D. Reserve List for Materials Center Items
   E. Check-out and Return Procedures
F. Closing the Materials Center
G. Check Out Policy for Professionals Not Employed by CSD Department
H. Family Lending Library
I. Materials Check-Out Form

VII. Requirements for Clinicians
A. Eligibility for Clinical Practicum
B. Clinician Expectations
C. Supervisor Expectations
D. Clinic Materials Fee
E. Student Recording Permission Form
F. Student Clinician Healthcare Requirements
G. Immunization/OSHA Training Verification
H. Criminal Background Check Policy
I. Assessment of Legal and Ethical Conduct form
J. Recognizing and Reporting Child Abuse: Training for Mandated Reporters
K. University Personnel Crime Reporting/Incident Training

VIII. Diagnostic Procedures
A. SLP Diagnostic Referral and Scheduling Procedures
B. Conducting SLP Diagnostics
C. Diagnostic Teamwork
D. SLP Diagnostic Report Writing -
E. Completely-In-The-Canal (CAC) Hearing Aid Waiver

IX. Appendix
A. HIPAA Initial Privacy Training Document
B. HIPAA Privacy and Confidentiality Training Acknowledgement
I. CSD DEPARTMENT ADMINISTRATIVE OFFICES

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PART II – DEPARTMENT POLICIES

A. KASA Policies and Procedures

Departmental Policy Statement
The Department of Communication Sciences and Disorders, in compliance with the American Speech-Language-Hearing Association’s (ASHA’s) requirements for graduate and undergraduate education, mandates that all students demonstrate acquisition of knowledge and skills across the departmental curriculum consistent with ASHA’s standards for clinical certification. Students’ mastery of standards will be determined on a course-by-course and clinic-by-clinic basis. Students will earn the designation of “pass” or “fail” for each course-specific standard within the department. A “pass” will be required of a student in order to demonstrate acquisition of a given standard. Individual academic KASA standards might apply to more than one course in the department, so it will be possible and necessary for students to demonstrate the acquisition of a given standard in multiple ways across departmental curriculum. Likewise, clinical KASA standards represent clinical skills which are demonstrated during clinical experiences. Because these experiences vary semester to semester, supervisor to supervisor, and client to client, they are assessed across multiple clinical experiences as well.

Academic Course Policy
Any academic KASA standard not earning at least a “pass” will require remediation. Students will be informed of the need for remediation via email. Beyond this initial notification, all remediation efforts will be initiated by the student and will be approved by the course instructor. Successful completion of a remediation plan is required for students to earn a designation of “pass” for a particular standard. If a student fails to obtain at least a “pass” designation for each standard tracked within a particular course, they will earn a failing grade (F) in that course for the semester. Whatever the outcome of the remediation process, the original grade earned to reflect mastery of each course-specific standard will be factored into the final semester grade for a given class. The product of remediation will not affect a change in the course grade. Remediation will ONLY allow for demonstration of mastery of course-specific standards in order to comply with KASA requirements.

Clinic Course Policy
Any clinical KASA standard not earning at least a “pass” will require remediation. For clinic, a pass will be defined as a grade of B or above in the clinical experience (i.e., any 408, 508, or 598 practicum) designated as providing an opportunity to demonstrate the acquisition of a given KASA standard. If a supervisor(s) or Director of Clinical Experiences believes a student enrolled in a clinical course is not demonstrating specified clinical skills at the A or B level, a clinical alert will be issued (see probation policy for more details). If the student’s clinical skills do not improve by the end of the term in which he or she is enrolled in the clinic of concern, then the student will earn a grade of C or below for the clinical course (i.e., any 408, 508, or 598). At this time the student will be informed by the Director of Clinical Experiences that he or she must repeat the clinical experience the following semester as part of a remediation plan. The student must earn a grade of B or higher in this clinic in order to complete the remediation successfully.

KASA Procedures
Academic course overview:
Each required graduate–level course within the Department of Communication Sciences and Disorders has been reviewed to determine where mastery of each KASA standard can best be assessed. As part of this process, each required graduate-level departmental course was assigned several standards which will be assessed over the course of each semester. Course instructors may not remove standards assigned to a course without approval of the Curriculum Committee and the Department Chair. All course instructors must assess each standard
assigned to their course. Course instructors will determine how each course-specific standard will be assessed (i.e., test, assignment, clinical experience). The method of assessment for each course-specific standard will be included in the course syllabi constructed for all courses each semester. The Department Chair will review methods of assessment at the beginning of each semester to ensure diversity of assessments.

Documentation of progress in acquiring proficiency with all academic KASA standards will be maintained by course instructors and will be made available for students to access using an online database. Course instructors will be asked to post pass/fail ratings shortly after each KASA standard is addressed. Course instructors will judge students’ proficiency with each course-specific standard on a two item rating scale including the following designations: pass or fail. A “pass” score indicates that a student has demonstrated competency with the standard in question while a “fail” indicates that a student has failed to master a given course standard.

Students earning a “fail” designation for any academic KASA standard will be given two opportunities to complete a remediation. Students will need to remediate their work to demonstrate competency at a “pass” level in order to prevent earning an F in the course (see remediation section below).

Clinical course overview:
Each required clinic within the Department of Communication Sciences and Disorders has been reviewed to determine where mastery of each KASA standard can best be assessed. As part of this process, each required clinic experience was assigned several standards which will be assessed over the course of each semester. Each clinical supervisor will determine how students are to demonstrate clinic-specific standards during each semester. It is understood that in order to meet each KASA standard, students will need to complete several different clinical experiences due to the varying nature of clients to whom a student may be assigned in each clinical experience. The methods of assessment will be delineated in the clinical grading forms.

Documentation of progress in acquiring proficiency with all clinic KASA standards will be maintained by clinic instructors. A paper copy will be made available for students to maintain in their files. Students’ performance on clinical KASA standards will be assessed throughout the semester. If a student is in danger of earning a C or below by midterm or later, a clinic alert will be issued to the student with explicit information regarding improvements needed to raise the clinic grade to a B or higher.

A student who earns a grade of C or lower in any clinic course will be on clinic probation the following semester. In this semester the student must repeat the clinic course for which they received the grade of C or lower as part of a remediation plan (see remediation section below).

Remediation:
If a student earns a “fail” rating, the online KASA database will send an email to the student indicating a need for him/her to initiate a remediation by contacting the course instructor/clinical supervisor as soon as possible. Students will be responsible for initiating this process, though course instructors/clinic supervisors will assist in the determination of what constitutes an appropriate remediation for each specific standard requiring remediation.

The remediation process is delineated in the following sequence:
1. Student earns a rating of “fail” for a specific standard within a course or earns a grade of C or lower for a clinic course.
2. For Academic KASA standards: Course instructor enters data into online database which notifies student of need to initiate the remediation process through the dissemination of an automatic email
letter. It is the responsibility of students to make an appointment with the course instructor(s) to set up a plan to remediate any standards not earning a “pass” designation as soon as possible after being notified.

- To remediate failed KASA standards, a Remediation Plan will be developed that outlines the following: KASA standard to be remediated, course Number/instructor, plan for remediation, date remediation due, and results of remediation.

- At the completion of the Remediation Plan, the course instructor will again assign one of two competency levels: pass or fail. Remediated efforts earning a “fail” will require a second remediation.

- If a project/assignment/assessment requires further remediation, another Remediation Plan is to be initiated by the student and developed by the course instructor and student in collaboration.

- Students will be allowed two opportunities to remediate a given standard. If after the second attempt at remediation, the student has been assigned a rating of “fail,” they earn a failing grade (F) for the course associated with the remediation.

- If a Remediation Plan cannot be completed during the semester a student is registered for the course associated with the standards being remediated, a student will be assigned an Incomplete (I) grade for the semester.

- Following the successful completion of a Remediation Plan, that student’s grade will be formally changed by the course instructor to reflect the grade earned in the class.

- The remediation period for any individual standard may not exceed one full term, defined as summer, fall, or spring following the term in which the standard was failed.

3. For Clinical KASA standards: Clinical supervisor(s) will meet with students to provide grades/progress toward meeting clinical standards to students in the middle and at the end of each clinical experience over the course of a semester. At any time after midterm, if a clinical supervisor believes a student is in danger of receiving a C or lower in the clinical course, the supervisor will provide a clinic alert to that student. If the student earns a grade of C or lower for the clinical course, he or she will be informed of the need to complete a remediation of the KASA standard(s) that was not successfully demonstrated.

- The student will work with his or her clinical supervisor(s) and the Director of Clinical Experiences to determine the plan of remediation. The student’s performance will be evaluated at mid-term to determine if he or she has successfully passed the remediation plan. If the student has not successfully passed the remediation plan at this time, he or she will be given the remainder of the semester to pass the remediation plan.

- If the remediation plan is not successfully completed by the end of the semester, the student will be dismissed from the program. If the student has successfully completed the remediation at mid-term, the student must still complete the clinic assignment for that semester as part of the remediation plan.

- In the case of a second failed clinical remediation, the student will earn a grade of F for the repeated clinical course that is serving as a remediation.
B. Graduate Student Probation Policies

Clinical Alerts
A clinical alert will be issued whenever a supervisor or Director of Clinical Experiences believes a student is in danger of receiving a grade of C or lower in that clinic, and/or when a violation of HIPAA policies occurs. **If any student is suspected of violating HIPAA policies, a Professional Disposition must be written and policies for dealing with a violation of patient privacy must be followed.** The alert warns the student that specific clinical behaviors must be improved and/or specific policies must be followed or the student stands a strong chance of going on clinical probation, which will then necessitate a remediation plan. In itself, the alert will have no academic consequence and will not serve as a notification that the student is being placed on a remediation plan. A copy of the clinical alert will be given to the student, the Director of Clinical Experiences, Clinic Director and the Department Chairperson to be placed in the student’s file.

Clinical Grades
If all semester clinic grades are at the A or B level, then those grades will be weighted and averaged as described in the clinic manual to determine the final clinic grade. However, because a grade of C or below is not considered to be sufficient at the graduate level, a student who earns a C as a final clinical grade from even one supervisor may be assigned a C as the overall course grade. All of the supervisors grading the student’s clinical performance will provide input to the Director of Clinical Experiences. The Director of Clinical Experiences, in consultation with the Clinic Director and the Department Chair, will determine the final grade.

Clinical Probation
Clinical probation is assigned to a student who earns a grade of C or less in a clinical practicum, clerkship, or internship. A remediation plan to address clinical probation will be determined by the student, the student’s clinical supervisor(s), and the Director of Clinical Experiences. Procedures to document this remediation plan are outlined in the KASA procedures. Consequences of probation include:

- The Director of Clinical Experiences and grading supervisor(s) will determine whether or not the clinical contact hours earned in the course that resulted in probation may be used to meet ASHA certification requirements.
- The student will be required to repeat the clinical education course that resulted in probation as part of a remediation plan before progressing further in the clinical sequence. Specifically, the student will have to sign-up for the same clinical education course the following semester and will therefore be one semester behind his or her cohort in clinical placements.
- During the semester of clinical probation, the student must earn a grade of B or better in ALL clinical courses in order to avoid dismissal from the graduate program in CSD.
- Furthermore, failure to achieve a grade of B or higher in any subsequent CSD 408 (for speech-language pathology students) or CSD 508 (for AuD students), whether during the probationary semester or later, will result in dismissal from the program.

Involuntary Withdrawal from Clinic
Certain breaches of professional conduct or privacy and confidentiality are so serious that there will be no opportunity for probation. If a student demonstrates such breaches, he or she will be immediately withdrawn from clinic and no longer allowed to enroll in any further clinical courses. Because successful completion of clinical course work is necessary to graduate from either of the CSD graduate level programs, being withdrawn from clinic will effectively end the student’s enrollment in a CSD graduate level program. Below are some examples of serious problems that warrant immediate withdrawal:
1. Failure to adhere to the specifications and intent of the Code of Ethics for AAA (for AuD students) and ASHA (for both AuD and SLP students), as well as any other pertinent local, state or federal laws or codes.
2. Failure to obey licensure laws or licensure restrictions
3. Violation of any and all aspects of patient privacy or confidentiality.
4. Placing another individual in a situation that endangers his or her well-being or behaving in a way that may or does harm another individual.

**Departmental Academic Probation**

A student may only earn a grade of C or lower one time in the academic course work (i.e., exclusive of any CSD 408 or CSD 508 clinical practicum and CSD 598) he or she is taking for graduate credit as a graduate student in either speech-language pathology or audiology. A student who in one semester earns a grade of C or lower in one non-clinical CSD course taken for graduate credit will be placed on departmental academic probation for the semester following the one in which he or she earned a C or lower.

- During a semester of departmental academic probation, a student will not be permitted to participate in any clinical courses (408s, 508s or 598).
- A student will only be permitted to go on departmental probation one time. That is, if a student earns a grade of C or lower in another academic course taken for graduate credit in any subsequent semester, he or she will be dismissed from the graduate program in CSD.

**Combined Clinical and Departmental Academic Probation**

A student who earns a grade of C or lower in ANY CSD course taken for graduate credit AND a grade of C or lower in ANY CSD clinical course (408s, 508s, or 598) during any one semester, will be placed on combined clinical and departmental academic probation for one semester. A remediation plan to address clinical probation will be determined by the student, the student’s clinical supervisor(s), and the Director of Clinical Experiences. Procedures to document this remediation plan are outlined in the KASA procedures.

- During the semester of combined probation, the student will not be permitted to enroll in any clinical courses (i.e., and 408, 508, or 598 courses). The Director of Clinical Experiences may assign clinical assignments to the student that do not earn clinic hours or credit hours but that allow the student to continue developing his or her clinical skills.
- The student must repeat, as part of a remediation plan, the clinical experience in which he or she received a grade of C or lower the semester following the departmental probation. This will place the student two terms (defined as summer, fall, or spring semester enrollment) behind his or her cohort in clinical placements.
- No further semesters of probation will be permitted. A subsequent C in any CSD graduate course, clinical or academic, will result in dismissal from the program.

**Immediate Dismissal from Program without Possibility of Probation**

A student who earns a grade of C or lower in two or more CSD courses taken for graduate credit in one semester will be dismissed from the program immediately following that semester. Serious violations of patient or confidentiality may warrant immediate dismissal from the program without possibility of probation. This will be determined by the Sanction Recommendation Committee and referred to the Department Chairperson for further action, as outlined in the Violation of Privacy/Confidentiality Policies Related to Protected Health Information.
C. Professional Dispositions and Essential Functions

The Department of Communication Sciences and Disorders offers programs to prepare both speech-language pathologists and audiologists for clinical practice. Both programs include undergraduate and graduate-level training, and both graduate programs are accredited by the American Speech-Language-Hearing Association (ASHA). Graduates of the accredited programs are expected to possess the knowledge and skills delineated in their respective standards for the Certificate of Clinical Competence (CCC). However, completion of either of these programs does not guarantee that a student will receive a Certificate of Clinical Competence (CCC) offered by ASHA.

These standards include skills related directly to clinical work and behavior in academic classes. They also relate to an array of personal and interpersonal skills expected of pre-professionals who aim to be engaged in clinical practice. Because the CSD Department is dedicated to training professionals who possess the intelligence, integrity, compassion, communication and personal qualities necessary to practice effectively, it has adopted the following list of dispositions and essential functions for undergraduate and graduate students enrolled in our programs. The Department considers these to be mandatory for admission to, retention in, and completion of its graduate programs. Decisions related to admission, retention, and completion will be based not only on satisfactory academic and clinical achievement, but also on demonstration of aptitude regarding the professional dispositions and the essential functions outlined in this document. Because adherence to these professional dispositions and essential functions are considered for admission to our graduate programs, students enrolled in our undergraduate program are also expected to adhere to them.

Professional Dispositions and Essential Functions Categories

Cognitive Functions:
- Attends to clients’ needs and manages clients’ behaviors effectively
- Follows procedures and meets deadlines as required
- Provides for one’s own personal hygiene
- Maintains appropriate dress and appearance for professional settings
- Provides a safe environment for others in responding to emergency situations and in the application of universal precautions
- Monitors client responses and materials visually and through auditory channels as needed
- Provides appropriate model of desired speech and/or language targets during diagnosis and treatment
- Complies with administrative, legal, and regulatory policies including privacy and confidentiality policies
- Analyzes, synthesizes, interprets and discusses ideas and concepts appropriately in academic and clinical settings

Collaboration: The ability to work together, especially in a joint intellectual effort
- Cooperates with others
- Makes contribution to group effort
- Actively assists and supports work of others
- Willingly supports decisions of group, even if different from own
- Volunteers to participate in group effort
- Plans and sets goals and priorities with others

Honesty/Integrity: The ability to demonstrate truthfulness and sincerity to oneself and to others; demonstrate moral excellence and trustworthiness
- Maintains confidentiality of students, patients and colleagues’ identity and information
- Communicates honestly
- Demonstrates ethical behavior
- Makes decisions based on honesty and integrity
- Gives credit to others for their work

Respect: The ability to demonstrate consideration, worth, and regard for oneself and others
- Considers opinions of others with an open mind
- Demonstrates concern, consideration and respect for others
- Takes care of property of others
- Interacts in a generally friendly, polite manner
- Uses appropriate language
- Listens attentively to others in a variety of contexts
- Demonstrates empathy for others
- Displays equitable treatment of others
- Demonstrates positive attitudes toward diverse cultures and learners, respects individual differences

Reverence for Learning: Feeling for, profound awe, respect for learning
- Demonstrates positive attitude toward learning
- Values knowledge, content, and experiences presented in pre-service academic programs
- Takes initiative to expand knowledge base and learn new skills
- Uses credible and data-based sources
- Prepares appropriately to meet academic and clinical responsibilities

Emotional Maturity: The ability to adjust one's emotional state to a suitable level of intensity in order to remain engaged with one's surroundings
- Initiates communication to resolve conflict
- Identifies personal responsibility in conflict/problem situations
- Uses appropriate tone of voice and non-verbal expressions
- Maintains emotional control
- Uses self-disclosure appropriately
- Acts from a positive frame of reference
- Demonstrates accurate self-analysis regarding one's own strengths and weaknesses
- Accepts consequences for personal actions or decisions

Flexibility: The willingness to accept and adapt to change
- Adapts to changes and unexpected or new situations, maintains positive attitude
- Generalizes knowledge and skills in a variety of situations
- Accepts less than ideal situations when necessary

Adapted in part from: DeMario, N., Stoner, J., Angell, M., & Lawson, C. Disposition indicators of effective teaching: A pilot study, and from Eastern Illinois University’s Department of Communication Sciences and Disorders’ Essential Functions for Clinical Practicum
D. Professional Dispositions and Essential Functions Policy

Distribution
The Professional Dispositions and Essential Functions Policy will be presented to students by the Graduate Program Director as a part of their KASA Portfolio. Contents of the Portfolio are discussed with each student individually at the time of distribution. In addition, all department syllabi will describe the importance of professional dispositions and essential functions, reference the policy, and indicate that it is contained in the Department Manual. All syllabi will provide a link to the Department Manual.

Implementation
1. Faculty, supervisors and instructors who observe concerns with a student’s professional disposition or essential functions shall first address the concern directly with the student. The student should be made aware of the concern(s), be advised regarding appropriate ways to improve the concern(s), and be notified that a written record will be filed with the Department Chairperson. (See attached Professional Dispositions/Critical Functions Report) In matters of violations of patient privacy, the concern will immediately be reported to and a copy of the disposition given to the Clinic Director, who will report the violation to the University Privacy Officer for further review.

2. For graduate students, three copies of the disposition form should be made: one for the student, one for the appropriate Director of Clinical Experiences (Speech-Language Pathology or Audiology), and one for a master file of all dispositions and remediations received by students in speech-language pathology or audiology. In cases of privacy violations, an additional copy should be given to the Clinic Director. The original disposition form will be filed in the student’s file.

3. For undergraduate students, two copies of the disposition form should be made: one for the student, and one for a master file of all dispositions and remediations received by students in speech-language pathology or audiology. In cases of privacy violations, an additional copy should be given to the Clinic Director. The original disposition form will be filed in the student’s file.

4. In all cases, the Department Chairperson will ensure that disposition forms are appropriately filed. When a student who has received either a disposition form or a remediation plan graduates from the program, his or her form(s) will be purged from the master file.

5. Records of concerns will be cumulative for students who attend both the undergraduate and the graduate program in the Department of Communication Sciences and Disorders at ISU. That is, the record of any concerns at the undergraduate level will follow the student into his or her graduate program and will be considered if any additional concerns are reported at the graduate level. All written disposition/critical functions concerns will be available for review by the student.

6. Once a student has accumulated more than two Professional Dispositions/Critical Functions Reports, she/he will be required to meet with the Department Chairperson for a discussion of the issue(s) of concern. The Chairperson will contact the student to arrange a meeting to discuss concerns outlined in the Professional Dispositions and Essential Functions Policy and discuss possible consequences. The student will be afforded an opportunity to respond to all concerns.

7. Any time a Professional Dispositions/Critical Functions Report is written due to a privacy violation, the student will be required to meet with the Clinic Director and Department Chairperson to discuss potential sanctions and further action as described in the University’s Violation of Privacy/Confidentiality Policies Related to Protected Health Information.

Consequences
For undergraduate students, professional disposition/critical functions concerns could prevent the student from obtaining positive letters of recommendation for graduate school from faculty, supervisors and instructors in the Department. Dispositions related to privacy violations could result in further sanctions, as described in the University’s Violation of Privacy/Confidentiality Policies Related to Protected Health Information.
1. In some cases, the Graduate Admissions Committee may recommend to the Department Chair that the student be denied admission into the graduate program on the basis that the student does not demonstrate professional dispositions or is not capable of performing the necessary professional dispositions/critical functions.

2. For graduate students, professional disposition/critical functions concerns could have a negative impact on course and clinic grades. They may also be cause for removal from or delayed admission into required courses and clinical experiences (including on and off-campus experiences), or further sanctions as described in the University’s Violation of Privacy/Confidentiality Policies Related to Protected Health Information.

3. Copies of all *Professional Dispositions/Critical Functions Reports* will be available for review by appropriate instructors, faculty and supervisors working for or on behalf of the Department of Communication Sciences and Disorders. This includes but is not limited to off-campus site supervisors, the Department’s Graduate Admissions Committee, the Clinic Director, the University Privacy Officer, and members of the Sanction Recommendation Committee.

4. Concerns regarding the dispositions and critical functions of individual students may be discussed with appropriate faculty and/or supervisors as needed.

Adapted in part from: DeMario, N., Stoner, J., Angell, M., & Lawson, C. *Disposition indicators of effective teaching: A pilot study*, and from Eastern Illinois University’s Department of Communication Sciences and Disorders’ *Essential Functions for Clinical Practicum*
E. Professional Dispositions/Essential Functions Report

Student Name: __________________________ UID: __________________________

Faculty/Staff Initiating Report: ____________________________________________
Date of Report: __________________________________________________________
Area of Concern: __________________________________________________________

Is this considered to be a breach of patient privacy? YES NO

Meeting with Student:
Date: __________________________ Time: __________________________

Faculty/Staff Member: ______________________________________________________

Explanation of Concerning Behavior:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________ 

Appropriate Methods for Improving Concerning Behavior:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

This concern regarding Professional Dispositions and Essential Functions has been discussed with the student. My signature verifies that I am aware of the document’s contents and existence and I understand that a copy of this report will be filed with the following persons:
_____ Department Chairperson
_____ Clinic Director
_____ Director of Clinical Experiences _____AuD _____SLP

________________________________________ Date: _____________
Signature of Student:

________________________________________ Date: _____________
Signature of Faculty/Staff:
F. Policy for Proficiency in English

All applicants to the graduate programs in Audiology and Speech-Language Pathology in the Department of Communication Sciences and Disorders must meet the minimal standards for admission outlined in the official University policy pertaining to English Proficiency. This policy can be found at: http://admissions.illinoisstate.edu/international/apply/grad_requirements.php

According to this policy, applicants to the University who are not native English speakers may take either the Test of English as a Foreign Language (TOEFL) or the International English Language Testing System (IELTS). The University requires the following minimum TOEFL scores for admission:

- Paper-based: 550
- Computer-based: 213
- Internet-based (iBT): 79

Official TOEFL scores must be sent to Illinois State directly from ETS. The institution code for Illinois State University is 1319.

For IELTS, a minimum overall band score of 6.5 is required. Official scores need to be sent to Illinois State directly from the testing center which administered the test.

Following admission to a graduate program in the CSD Department, all students complete a speech-language and hearing screening to determine if they possess the verbal and auditory skills necessary to support learning in the classroom and providing professional speech-language pathology or audiology services in the English language.

If it is determined that an individual student’s English proficiency impairs his or her ability to learn, and/or provide successful diagnostic and therapeutic services to clients, the Clinic Director and the Directors of Clinical Experiences will work with the English Language Institute to identify remediations and accommodations to support the student in his/her attempt to succeed in the program.
G. Classroom Policies

University and Department policies that pertain to students often appear arbitrary and restrictive and seem designed more for the convenience of the faculty than to facilitate student learning. Rules and regulations are, nevertheless, still necessary and important. The sheer size of the educational enterprise at ISU, the large numbers of students and faculty, the scheduling of classes and the required record keeping demand considerable organization. Classes have to meet at specific times. Professors have to turn in grades before a certain date. The organizational demands of a large university may not always meet the educational needs of individual students. For example, for most students attending class regularly probably facilitates learning and so we ask all students to be regular in their class attendance. Students certainly differ with respect to the amount of time needed to prepare for an examination, and yet we ask all students in a class to take the exam at the same time. However much professors would prefer to treat students as unique individuals, our circumstances do not permit it.

A second reason why certain rules and regulations are needed is that professors, in addition to their teaching duties, must function as gatekeepers. That is, professors are required to evaluate student progress and achievements and eventually report a grade that represents a student’s level of accomplishment in a course. These grades would have little meaning unless the conditions of evaluations were the same for all students. Students must take exams at the same time and meet the deadlines for turning in reports and paper or a particular grade would not have a fixed value. While many students would prefer not to be graded, and for some students the stresses of being evaluated may indeed reduce actual learning, the university has a responsibility to the society that pays most of the costs of higher education. This responsibility entails, through the awarding of grades and eventually degrees, attesting to student mastery of a certain program of studies at a specified level of achievement.

Finally, employers expect holders of university-level degrees will demonstrate certain skills and attitudes. These include understanding and following of instructions, meeting deadlines, cooperation with persons in authority positions and demonstration of appropriate oral and written communication skills. The rules and regulations of university life are not too different from the requirement of most employee settings.

General Principles
The Department intends to treat all students equally and exceptions to this principle will be considered only in extraordinary circumstances and in cases where students have documented disabilities through Disability Concerns that require adaptations and accommodations. For example, a student will not be permitted to retake an exam to achieve a higher grade unless all members of the class are allowed the same privilege; a student will not be given extra time to complete a project or prepare for an exam unless all members of the class have the same option.

The Department intends to treat all students as adults. This means students will bear the consequences of not being prepared for exams, for failing to submit projects and materials before the due date and for engaging in activities that disrupt the educational goals of other students. Course instructors have the final determination as to how the course is to be organized the method of instruction, the timing and nature of exams and the criteria for evaluation and grades. Instructors have the prerogative to develop policies more stringent that those described below and if that is the case, these policies will be included with the course syllabus.

Attendance
Students are expected to attend class regularly, whether or not attendance is taken. Classes will begin and terminate at the scheduled time, with students remaining for the entire class unless permission has been
obtained before class from the course instructor. Students will be considered absent if they are not present when class begins. Students are responsible for all lecture and discussion material and for assignments presented orally during class whether the student was in attendance or not. If attendance is taken and a student is absent for the equivalent of three weeks of class without explaining his or her absence to the satisfaction of the course instructor, the instructor will assume the student has unofficially dropped the class and will award a final grade of F.

**Missed Exams, Late Papers and Projects**

Missed exams and late papers/projects are given a grade of F or receive no credit unless the student contacts the instructor BEFORE the exam or due date of paper/project AND presents an acceptable reason for missing the exam or failing to hand the assignment on time. Evidence of illness is an example of an acceptable reason. Being unprepared for an exam is not an acceptable reason. A makeup exam may be administered by the instructor if the student provides documentation of an acceptable reason for missing a scheduled exam. The instructor will determine the time and place as well as the nature of the substitute exam. No reason is acceptable for failing to turn in a paper or project on time if the due date was announced early in the semester. This is to discourage students from starting papers/projects at the last minute. Papers and projects will be assigned with sufficient time allotted for their satisfactory completion. The Department expects students to demonstrate writing skill commensurate with their level of education or, if this is not the case, to take advantage of University services to address writing deficiencies. All papers/projects turned in will be graded as final products unless the instructor specifies that drafts are acceptable. An instructor may elect to give partial credit for a late paper/report only if documentation of an acceptable reason is provided.

**Incompletes**

Students should read the University Catalog for the official university policy on Incompletes. It is the Department’s policy to assign Incompletes only in highly unusual circumstances, such as being unable to take the final exam because of illness or a serious family emergency. Incompletes will not be assigned if a student has merely failed to complete one or more of the course assignments or has not taken scheduled makeup exams.

**Academic Dishonesty and Plagiarism**

In cases of suspected academic dishonest and plagiarism, the Department will follow University procedures found at: [http://deanofstudents.illinoisstate.edu/students/get-help/crr/academic-dishonesty.shtml](http://deanofstudents.illinoisstate.edu/students/get-help/crr/academic-dishonesty.shtml). Students are expected to familiarize themselves with the definitions of academic dishonest and plagiarism found at this site.

**Final Exams**

Because students know the time and date of a final exam when they register for courses and have all semester to make appropriate travel and other arrangements, the final exam schedule as determined by the University will be adhered to without exceptions. If a student believes his or her final grade is in error, the course instructor should be contacted immediately. Final exam information: [http://registrar.illinoisstate.edu/registration/finals/](http://registrar.illinoisstate.edu/registration/finals/)

**Patient Privacy and Confidentiality**

Because the Department is in the business of training future professionals to evaluate and treat patients with (or suspected of having communication difficulties), class projects and lectures may occasionally include playing audio or video samples of actual patients. This will only be done with the full knowledge and consent of the patient and patients’ protected health information (PHI) will be withheld from the class. Because patient privacy is a high priority at Illinois State University and in this department, understand that unauthorized release of patient PHI is taken seriously. Students who may happen to recognize an individual patient’s image or voice, and who share that information with anyone other than the instructor will be referred to the Sanction Recommendation Committee for further action, as outlined in the Violation of Privacy/Confidentiality Policies Related to Protected Health Information.
**Student Evaluations of Faculty/Staff**

Students have two opportunities to register their evaluation of faculty/staff performance. At the end of each semester in every course offered by the Department, faculty evaluations are distributed to elicit student comments. However often students are asked to make such evaluations, they must still take them seriously and provide an honest and realistic assessment of the faculty member’s teaching performance. The second opportunity for students to register their concerns is to meet with the Department Chairperson at any time during the semester. Generally the Chairperson will attempt to mediate between students and faculty and can usually protect a student’s identity should this be desired.
H. Student Concern Form

DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS
Student Concern Form

Instructions: If you have a problem with an academic or clinical course or instructor, please fill out this form completely and email it to the Graduate Program Director. After the form is received, you will be contacted to set up an appointment to discuss your concerns.

This information will be kept confidential to the fullest extent possible. That is, your instructor/supervisor will not be contacted regarding this report unless at the meeting with the Graduate Program Director, you give specific permission to for the person to do so (you can sign the approval form if you wish when we meet to discuss your concerns).

HOWEVER, should this form contain information, or if you provide other verbal or written information, regarding harassment and/or a violation of university policy or law, the Department of Communication Sciences and Disorders is legally obligated to follow a university protocol for reporting such incidents. Consequently, in that situation, it will not be possible to keep your information confidential. Please be aware that the University has a policy prohibiting retaliation so, should your information be shared either with the professor/teacher and/or other administrators, you are protected from retaliation by the teacher or anyone else at the University.

Please note that your completing this report will result in the establishment of a permanent file and will include all communications regarding this matter, both those in support of your report and communications from other students or sources that differ in opinion.

If you have questions, please feel free to contact the Graduate Program Director (see contact information below).

Contacts:

Heidi Verticchio Graduate Program Director, CSD Department
Ann Beck Chairperson, CSD Department

Student Name _______________________________ Date ________________
ISU ID # ______________________________________________________
Phone ________________________________ Email ______________________________

Course # ________ Semester ________ Course Title ______________________________
Instructor ______________________________

Briefly describe the nature of your problem with this course or instructor:

Have you contacted your instructor regarding this issue? Why or why not? By phone or email? If by email, would you be able to provide copies?
If yes, describe the nature of the discussion and outcome:

Have you contacted any other department faculty, staff, or administrator regarding this issue?

If yes, describe the nature of the discussion and outcome:

Did you receive a policy statement and syllabus at the beginning of the semester?

Were you provided with further assignment sheets and other written materials? Please be prepared to supply copies of these documents.

Do you have an immediate need in relation to the issue that led to your filing this form?

Do you believe that you are the only student affected by this situation? If no, please explain:

Provide as complete a narrative as possible (including dates), in your own words, describing the nature of the problem, how and when it began, and the nature of the situation now? It is very important that you provide specific examples, incidents, behaviors, and detailed information regarding your concern. General dissatisfaction with a course or instructor is not sufficient.

I give my permission for the Chair of the Department of Communication Sciences and Disorders and the Graduate Program Director to discuss the contents of this form with the professor or teacher named above.

SIGNATURE_______________________________________ Date: __________________
I. 35 Hour Option Independent Study for MS SLP Students
(Adopted Academic Year 2007-08)

Graduate students who select the 35-hour option must follow these guidelines in order to complete the Independent Study portion of the requirements:

The Timeline

- By the beginning of finals week of the student's second academic term as a graduate student, she/he must complete the Independent Study Request Form and the Time Line Contract. Part-time students should complete the forms so they have two full on-campus terms to complete their projects.
- Prior to submitting the forms. The student must have selected an independent study first reader, a topic, and a second reader. The first reader must be a member of the graduate faculty. The second reader will be selected in consultation with the first reader and can be a member of the graduate faculty or a member of the clinical teaching faculty.
- The student must register for CSD 400 during the academic term when the project will be completed and graded. This is typically the last semester on-campus.
- The document to be graded will be submitted to the first reader no later than three weeks before the first day of the final exam week of the semester in which the student is enrolled in CSD 400.
- The student, the first reader, and the second reader will decide the appropriate format for a 15-minute presentation of the project, and notify the department when and where the presentation will take place.
- After this document has been reviewed and graded by the first reader and the second reader, it will be returned to the student, no later than one week before the first day of the final exam week of the semester in which the student is enrolled in CSD 400. Revisions may be required for the final document, but these revisions will not be taken into account for the purpose of assigning a grade. The project will not be considered complete, however, until required revisions are made and approved by the first reader and until the cover sheet is signed by the first reader, the second reader, the Department Chairperson, and the student.
- Three bound copies (hard taped spine) of the final document will be due in the department office no later than the first day of the final exam week of the semester in which the student is enrolled in CSD 400.
- Each student must generate her/his own independent study and her/his own written document.

NOTE: IF THE DEADLINES FOR IDENTIFYING THE TOPIC, NAMING THE FIRST READER, AND SELECTING A SECOND READER ARE NOT MET, THE STUDENT MAY NOT GRADUATE UNDER THE 35-HOUR OPTION.

Minimal Standards for All Projects

- Each project consists of a written document and a 15-minute oral presentation.
- The document is to be written according to APA standards.
- The final copy should be clean, grammatically correct, and free of spelling and typographical errors. All margins must be one inch. The document should be double-spaced and processed with a 12-point font.
- Each project requires a minimum number of pages. The minimum refers to the body of the document. The title page, table of contents, and reference pages are not included within the minimum. Charts, graphs, and tables may be included in the minimum, at the discretion of the faculty member directing the project. It should be understood that in all judgments about the length of the document, quality is more highly valued than quantity.
- Each project must include a representative review of the literature germane to the topic of the project. Each review must be based on a prescribed minimum number of primary sources. Primary sources are firsthand materials generated by experiments, surveys, interviews, diaries, essays, poems, court records, laws, regulations, etc. Materials generated by ASHA and other professional organizations, such as professional
guidelines and position papers are also primary sources. A primary source is material as it is first reported or described, without interpretation or commentary. A secondary source offers restatement, analysis, and/or interpretation of a primary source or of multiple primary sources. The first reader directing the project is the ultimate arbiter about whether a source is primary or secondary.

- Each project should be presented with the standard title page, included below.
- NOTE: It should also be understood that the first reader may establish requirements that go beyond the minimal standards.

### Project Presentation

The independent study will include an oral presentation of at least 15 minutes, with the format decided by the student and the first and second readers. If the focus of the project is clinical, for example, the work could be presented in a clinic meeting or in a relevant undergraduate or graduate content class. If the focus is research, the presentation could be made in the research methods class or in a relevant undergraduate or graduate content class. A departmental poster presentation or participation in the Graduate Research Symposium is another option for the presentation of the project.

### Types of Projects

1. **Case History**

   If the student completes a case history. The following minimal standards apply:
   - The written document must be at least 25 pages in length.
   - There must be a review of the literature relevant to the client's disorder. This review must be based on a minimum of 10 primary sources.
   - The case history must include, at a minimum, the following:
     - A detailed description of the client.
     - A detailed explanation for why this client was selected. For example, does the client have a rare condition? Is this client unique in some way? Might this client's therapy experiences contribute in some significant way to our knowledge about his/her disorder or about the intervention strategy used?
     - A detailed description of the management program, including rationale for the strategy or strategies employed.
     - Post-management data and a detailed description of outcomes, especially as they might impact clinical knowledge.

2. **Data-Based Research**

   If the student completes data-based research, the following minimal standards apply:
   - The written document must be at least 20 pages in length.
   - The review of the relevant research must be based on at least 10 primary sources.
   - The paper should include the following sections, each developed in appropriate detail:
     - Introduction and Review of the Literature
     - Method
     - Results
     - Discussion, Summary, and Conclusions

   - It should be noted that "data-based" is a broad concept. This kind of project might be generated from group data, but it could also be a single-subject design study, or it could be a qualitative investigation. The project must, however, involve the collection, analysis, and discussion of data.
3. Literature Review
   If the student completes a review of the literature, the following minimal standards apply:
   - The paper must be at least 40 pages in length.
   - There must be at least 20 primary sources.

4. Media Project
   If the student completes a media (e.g., video, CD, audio tape, web site) project, the following minimal standards apply:
   - The written document must be at least 25 pages in length.
   - The review of the relevant literature must be based on at least 10 primary sources.
   - The written document must include a detailed rationale for the project.
   - The student must provide a complete script or a detailed story board.

5. In-Service Presentation
   If the student completes an in-service presentation, the following minimal standards apply:
   - The written document must be at least 25 pages in length, excluding audio-visual printouts.
   - The review of the relevant literature must be based on at least 10 primary sources.
   - The written document must include a justification for the in-service, and it must include the presentation notes.
   - The student should develop the materials that would be used during the in-service, including audio-visuals, handouts, and descriptions of interactive learning experiences. Although these materials will almost certainly include information from other sources, they should be original presentations with appropriate acknowledgements.
   - The student should also develop a reference list that would be distributed during the in-service. This list should include at least 20 sources. The 10 primary sources used in the literature review may be counted among the 20.

6. Materials
   If the student completes a materials (therapy and/or assessment) project, the following minimal standards apply:
   - Materials must be innovative and must be created by the student. A collection of previously developed materials is not acceptable.
   - The written document must be at least 25 pages in length. The materials developed will not be counted among the 25 pages.
   - The review of the relevant literature must be based on at least 10 primary sources.
   - The written document must include a rationale for the project, a detailed description of the materials developed, detailed instructions for how these materials should be used, and a discussion of the potential benefits that might be derived from use of the materials.

   If the student completes a resource manual, the following minimal standards apply:
   - The written document must be at least 40 pages in length of original work.
   - The review of the relevant literature must be based on at least 10 primary sources.
   - The written document must include a rationale for the project, a description of the intended audience, an explanation of how the resource manual should be used, and a discussion of the potential benefits that might be derived from use of the manual.
8. Evidence-Based Practice Option

Evidence-based practice is the "gold standard" in service provision in the field of speech-language pathology. All clinical efforts (prevention, assessment, intervention, consultation, etc.) should have a strong basis in research to ensure the provision of effective, ethically sound clinical services. It is in the critical review of research that an evidence base can be formed to support or refute the use of a particular clinical approach. Those students choosing to complete an evidence-based project should expect to develop a thorough document that will critically review high-quality research articles to define the evidence base for a particular clinical approach/practice.

If a student completes an evidence-based practice project, the following minimal standards apply:

- The paper must be at least 30 pages in length
- At least 10 primary sources must be selected for critical review
- Each evidence-based practice project must address the following components, adapted from ASHA's Evidence Based Practice in Communication Disorders: An Introduction (2004):
  1. **Introduction** - students must define their chosen clinical approach/practice
  2. **Confirmation of converging evidence** - students must demonstrate that multiple sources were reviewed to provide a systematic, comprehensive accounting of their chosen clinical approach/practice
  3. **Reporting of experimental control** - students must evaluate the quality of evidence reported in each article, identifying how the research design and methodology of each source impacts the clinical application of any findings
  4. **Identification of threats to validity** - students must evaluate any potential variables and/or limitations that could potentially affect the subjectivity of a particular study and therefore, create bias that would impact the application of any findings
  5. **Reporting of confidence intervals and effect sizes** - students must detail evidence from each study to outline the statistical power of the findings of each primary source, including effect size, statistical significance, and confidence intervals
  6. **Discussion of relevance and feasibility** - students must establish that participants from primary sources reflect those that are the focus of their chosen clinical approach/practice
  7. **Summary of evidence** - students must provide a summary following the discussion of all primary sources that reiterates the main findings and supports/refutes subsequent application of research to clinical approach/practice

9. Other Projects

The student might envision a project that does not fit into the categories identified in this document. If the student completes such a project, it must meet the minimal standards for all projects (discussed earlier in this document), and it must meet the spirit of the minimal standards listed for the categories that have been identified in this document. The independent study first reader, in consultation with the department chairperson, will decide the specific standards such a project must meet.
THE TITLE OF THE PROJECT

Student’s Name

An Independent Study Submitted in Partial Fulfillment of the Requirements for the Degree of

MASTERS OF SCIENCE

Department of Communication Sciences & Disorders

ILLINOIS STATE UNIVERSITY

Semester/Year

___________________________________ _____________________
Student’s Signature Date

__________________________________ ______________________
Director’s Signature Date

__________________________________ ______________________
Second Reader’s Signature Date

__________________________________ ______________________
Department Chairperson’s Signature Date
Time Line Contract

Student's Name: ____________________________________

THE FOLLOWING REPRESENTS A COMMITMENT TO A TIME LINE FOR THE COMPLETION OF THE INDEPENDENT STUDY:

Independent Study Director: ___________________________________

[This decision should be made by the beginning of finals week of the student's second academic term as a graduate student. NOTE: "Academic term" includes the summer session as well as the fall and spring semesters.]

Topic: ________________________________________________________________

Second Reader: ______________________________________________

[By the beginning of finals week of the student's second academic term, she/he, in consultation with the director, will also have selected a topic and a second reader.]

The semester/year during which the student will be enrolled in CSD 400: __________. [NOTE: The student must register for CSD 400 during the academic term when the project will be completed and graded.] As indicated by her/his signature, the student accepts the following deadlines during the semester of the CSD400 enrollment:

- The draft of the document to be graded will be submitted to the director no later than three weeks before the first day of final exam week.
- After being reviewed and graded by the director and the second reader, the document will be returned to the student, no later than one week before the first day of final exam week.
- At this point, revisions might be required for the final document, but these revisions will not be taken into account for the purpose of assigning a grade.
- The project will not be considered complete, however, until required revisions are made and the cover sheet is signed by the director, the second reader, the department chair, and the student.
- Three copies (hard taped spine) of the final document will be due in the department office no later than the first day of final exam week.

Other Specifications Identified by the Director: ______________________

__________________________________             _____________________________
Student's Signature                      Date

__________________________________             _____________________________
I.S. Director's Signature               Second Faculty Reader's Signature

__________________________________             _____________________________
Department Chairperson's Signature      Date
J. Comprehensive Examinations Policies & Procedures
Effective Fall 2013

The comprehensive examination will consist of 100 objective questions. There will be 12 questions from each required content area (voice/resonance, aphasia, motor speech, dysphagia, stuttering, speech sound disorders, preschool and school-aged language disorders) and 4 questions from research. The total pass rate is 70%. Students will be given 3 hours to complete the comprehensive examination. Until use of a secure test site is obtained, all examinations will be taken by Oscan.

In their first attempt, students will be given 3 opportunities to pass the comprehensive examination. The first opportunity will occur in late February/early March (during the first external placement). If a 70% pass rate is not achieved, the student will be required to come back in 4 weeks for his/her second attempt (late March/early April). If a 70% pass rate is achieved, the student passes. If a 70% pass rate is not achieved, the student will be required to return in 3-4 weeks for his/her third, and last attempt. To insure ample time to submit names to the graduate college, the 3rd attempt (if needed) will take place at least one full week prior to April 30 (graduate college deadline). These times and timespans were decided upon to assure that any student needing to retake comps would 1) be able to have 3 attempts prior to the graduate college’s deadline for name submission for graduation (4/30), and 2) have adequate preparation for successfully passing comps on his/her next attempt. If a student does not pass the comprehensive exam in the first three attempts, then they will be allowed three opportunities to pass in each subsequent semester until they achieve a pass rate of 70%.

A test bank will be prepared by graduate faculty members, course instructors, and/or clinical supervisors and will consist of three times the number of questions used in any one exam (i.e., 36 questions for each content area; 12 questions for research). Each comprehensive examination package will be a subset of these questions. The first objective comprehensive examination took place in the Spring 2013 semester.

K. Audiology Capstone Completion Plan: Requirements & Timeline

General Timeline:

By the end of your first year, you should have a Capstone Advisor chosen, and a project proposal completed. You will present this proposal to the Audiology Department at the beginning of your second year in the program.

By the end of your second year, all of your data should be collected. During this time, you should also continue to write your Introduction/Lit Review.

By the end of your third year, your paper should be written in its entirety, including Introduction, Lit Review, Methods, Results, and Discussion/Conclusion. By the time you leave for your fourth-year external placement, there should be nothing left to do for your paper, other than minor editing/tweaks.

By the end of your fourth year, you should have presented the results of your Capstone Project (in poster form) at a conference at the University, Local, State, National, or International Level.

Note: These are general guidelines. They may vary depending on your advisor’s suggestions and the parameters of your project.
Basic Guidelines:

Faculty and Staff are all here to support the student in this process; however, it is each student’s responsibility to meet with their Capstone advisor to discuss his/her progress and to develop a plan for finishing the Capstone project in a timely manner. If there is ANY concern that you may not be on track, you should schedule a meeting with your advisor ASAP to make a plan to get back on track. Failure to meet with your advisor to make a plan does not constitute a reasonable excuse for not getting the project done in a timely manner.

Failure to meet deadlines (as mutually agreed-on by the student and his/her advisor) by the end of each term may result in a Professional Disposition form being filed with the CSD Department Chair. You can find a full description of Professional Dispositions in the Department Manual, located at http://csd.illinoisstate.edu/about_us/departmentManual.shtml

Formatting Guidelines:

All capstone projects will require a data-based research project. This may include either an empirical or retrospective study. Each project will involve formulating a specific research question or questions, developing specific methodology to answer the research question, collecting new data or retrieving existing data for analysis. Each capstone project should result in a paper that includes the following sections:

- Title Page
- Abstract
- Introduction
- Literature review
- Research questions & hypotheses
- Methodology
- Results
- Discussion
- Conclusion (including addressing limitations and future directions)
- References

Although there is no minimum page number or minimum number of sources required for the final document, the completed project is expected to be thorough and complete. The length of the final document may vary depending on the topic selected.

Capstone Timeframe Checklist:

<table>
<thead>
<tr>
<th>Task</th>
<th>Phase</th>
<th>Goal</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meet with potential advisor to discuss project ideas</td>
<td>1</td>
<td>Mid Fall Y1</td>
<td></td>
</tr>
<tr>
<td>Finalize research question</td>
<td>1</td>
<td>Late Fall Y1</td>
<td></td>
</tr>
<tr>
<td>Three-to-five page research proposal due to advisor*</td>
<td>2</td>
<td>Mid Spring Y1</td>
<td></td>
</tr>
<tr>
<td>Write IRB, as needed</td>
<td>2</td>
<td>Late April Y1</td>
<td></td>
</tr>
<tr>
<td>Present proposal to Audiology Department</td>
<td>2</td>
<td>Early Fall Y2</td>
<td></td>
</tr>
<tr>
<td>Task</td>
<td>Week</td>
<td>Due Date</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------</td>
<td>------------------</td>
<td></td>
</tr>
<tr>
<td>Data collection</td>
<td>3</td>
<td>Fall Y2</td>
<td></td>
</tr>
<tr>
<td>First draft full lit review (10-15 pages) due to advisor*</td>
<td>3</td>
<td>Mid Fall Y2</td>
<td></td>
</tr>
<tr>
<td>Data analysis</td>
<td>4</td>
<td>Spring Y2</td>
<td></td>
</tr>
<tr>
<td>First draft full methodology section due to advisor*</td>
<td>4</td>
<td>Mid Spring Y2</td>
<td></td>
</tr>
<tr>
<td>Choose conference to submit poster to—(specific deadline based on conference but must be decided by goal deadline)</td>
<td>4</td>
<td>Late Spring Y2</td>
<td></td>
</tr>
<tr>
<td>First draft full results section due to advisor*</td>
<td>5</td>
<td>Summer Y2/3</td>
<td></td>
</tr>
<tr>
<td>First draft full discussion/conclusion due to advisor*</td>
<td>6</td>
<td>Mid Fall Y3</td>
<td></td>
</tr>
<tr>
<td>GET ENTIRE PAPER APPROVED BY ADVISOR &amp; 2nd READER*</td>
<td>6</td>
<td>Late Fall Y3</td>
<td></td>
</tr>
<tr>
<td>Design poster for presentation at Audiology Conference</td>
<td>7</td>
<td>Fall Y3</td>
<td></td>
</tr>
<tr>
<td>Present poster at Audiology Conference</td>
<td>7</td>
<td>Y3-Y4</td>
<td></td>
</tr>
</tbody>
</table>

* note: for each section you write, you will submit it to your Visor Center writing tutor for review, and THEN submit it to your Capstone advisor/first reader
PART III: SAFETY & EMERGENCY INFORMATION

A. Emergency Response Plan

The Department of Communication Sciences and Disorders maintains safety guidelines and information regarding what to do in the case of an emergency. Safety information and emergency action plans found in this section are based on information provided by the ISU Environmental Health and Safety (EHS), Illinois Department of Family Services, the Illinois Department on Aging, and the Occupational Safety and Health Administration (OSHA).

Departmental Emergency Response Plan

<table>
<thead>
<tr>
<th>Department:</th>
<th>Department Emergency Contacts:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication Sciences &amp; Disorders</td>
<td>Ann Beck  309-438-8619</td>
</tr>
<tr>
<td></td>
<td>Heidi Verticchio  309-438-3266</td>
</tr>
<tr>
<td></td>
<td>Diane Leonard  309-438-8643</td>
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<tr>
<td></td>
<td>Teri Lehr  309-438-8641</td>
</tr>
<tr>
<td></td>
<td>Cara Boester  309-438-2318</td>
</tr>
<tr>
<td></td>
<td>Kelly Pyle  309-438-5355</td>
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</tbody>
</table>

| Building Name: Fairchild Hall/Rachel Cooper | Evacuation Coordinator: Primary: Ann Beck 1st back-up: Heidi Verticchio 2nd back-up: Diane Leonard |
| Department Emergency Coordinator:          | Department Emergency Contacts:         |
| Ann Beck, Chairperson                      | Ann Beck  309-438-8619                  |
| Heidi Verticchio, Clinic Director          | Heidi Verticchio  309-438-3266          |
|                                           | Diane Leonard  309-438-8643             |
|                                           | Teri Lehr  309-438-8641                 |
|                                           | Cara Boester  309-438-2318              |
|                                           | Kelly Pyle  309-438-5355                |

For additional information regarding emergencies on campus, go to:  
http://security.illinoisstate.edu/

Reporting Emergencies

Campus emergencies are to be reported by calling 911. When reporting an emergency using university phones (e.g. desk phones, emergency blue light kiosks on campus, elevator phones, red phones inside buildings, or any other university phone) your 911 call will be routed to ISUPD. 911 calls from a non-campus or cell phones will go directly to METCOM, the county wide emergency dispatch center; therefore the caller should indicate to the dispatcher that the emergency is being reported on the ISU campus. The ISU Police Department direct phone number is 309-438-8631.

The emergency blue light kiosk and the elevator emergency phones are activated with a one touch push button operation which places the user of these phones in immediate contact with ISUPD. The emergency blue light kiosks have a blue strobe and will begin flashing once the button is activated.

When reporting an emergency situation, provide the dispatcher with the following information:

- Your name
- The location of the emergency
- The nature of the emergency - a brief description
- Any additional information they request
Note: Do not hang up. Stay on the phone until the dispatcher advises it is okay to end the call.

**Campus Emergency Notification**

**ISU Emergency Alert**
The ISU Emergency Alert will be used by the University to notify members of the campus community of an emergency, which threatens life or safety on campus.

If you receive an ISU Emergency Alert:
- Immediately respond in accordance with directions provided via the alert, and/or use best judgment on how to respond, based on your specific set of circumstances.
- Communicate by word-of-mouth to others who may have not yet received the alert.
- If possible, check the Illinois State University website at IllinoisState.edu for detailed information and updates.
- Remain calm and make wise decisions relative to your personal safety.

All active ULID Account holders will automatically receive alerts to their university email address (ULID@ilstu.edu). Those that have registered a text-enabled mobile phone in ISU Emergency Alert will also have text alerts sent to their mobile phone.

All faculty, staff and students are encouraged to register for ISU Emergency Alerts through the ISU Emergency Alert web portal at [http://illinoisstate.edu/alert](http://illinoisstate.edu/alert)

**Emergency Actions**

**Evacuation**
When an evacuation has been ordered or initiated due to a fire alarm, all building occupants are to immediately evacuate.

If you see smoke or fire, immediately evacuate by following the nearest Exit signs:
- If the alarm is not already sounding, pull the nearest fire alarm pull station to alert other building occupants of the fire.
- Be alert for smoke as you exit the building.
- Before exiting through a door, check the door and handle. If the door or handle are hot to the touch or smoke is present, do not open the door.
- DO NOT use elevators if evacuating due to a fire or fire alarm.
- Evacuate to the designated Evacuation Assembly Area. If you have knowledge of the specific location of the fire, its source or other pertinent information, call 911 once safely out of the building. Assist anyone needing help while not compromising your own safety.
- Advise Emergency Personnel if you are aware of any person taking refuge in an Area of Rescue Assistance.
- After reporting to the designated Evacuation Assembly Area, be prepared to begin the accountability process. If there is any question about an individual’s safe evacuation from the building, the accountability process will need to be initiated.
- Advise the Evacuation Coordinator if you believe someone is missing or trapped inside and/or is in need of assistance. The Evacuation Coordinator will, in turn, inform the police or fire department.
- Stay out of the way of emergency personnel and equipment.
- Do not re-enter the building until you are approved to do so by the University Police, Fire Department or Environmental Health and Safety.
If trapped in the building:

- Try to get as far away from the fire/smoke as you can and take refuge in a room, preferably one with an outside wall and window.
- Attempt to seal the base of your door (wet towel or cloth if possible) to prevent smoke from entering.
- Call 911 and let them know your situation and location.
- If possible, move to a window and signal for help.

**Evacuation Assembly Area**

The primary Evacuation Assembly Area for Communication Sciences & Disorders and the Speech & Hearing Clinic in Fairchild Hall and Rachel Cooper is located on the west side of DeGarmo Hall on University Street. As this location may not be the best site based upon the circumstances of the emergency situation, the Evacuation Coordinator may instruct individuals to move to the secondary Evacuation Assembly Area located on the west side of Fairchild Hall in the Clinic/Metcalf parking lot.

**Evacuation of Persons with Special Needs**

This may include persons who are mobility-impaired, hearing-impaired, vision impaired, breathing/other health issues, mental health problems and other impairments.

The Clinic Director will consistently pre-audit the department for occupants with special needs. In case of emergency and if the persons are able to evacuate, they should do so immediately.

If they are unable to evacuate using the stairs or without assistance, they should remain in the designated “area of rescue assistance” marked by blue signage showing the international symbol for “handicap”. If the person with special needs is a client, the client’s supervisor and/or other concerned individual should immediately contact ISU Police, and notify the fire department upon their arrival at the scene. Rescue will be initiated by the fire department.

If possible to do so safely, without risking personal injury, a person should remain with them to assist whenever possible.

**Accountability**

- The Evacuation Coordinator will conduct the accountability process. Unit leads will determine who is not accounted for and may still be in the building and provide those names to the Evacuation Coordinator. The names of departmental employees who work in that building are to be compiled on a list that is to be attached to the Response Plan (See Appendix A). The Evacuation Coordinator will use the list to verify that departmental employees have been accounted for.
- The Evacuation Coordinator is to report to Illinois State University Police, or other emergency personnel on the scene, anyone who has not been accounted for and is believed to be inside the building.
- Employees may leave the Evacuation Assembly Area when released by the Evacuation Coordinator. It is extremely important that all personnel known to have been in the building have evacuated and are accounted for and that all known information on the emergency has been shared with emergency personnel.

**Medical Emergencies**

- Call 911.
- Provide assistance consistent with your level of knowledge/training.
- Do not attempt to move a person with a suspected spinal injury unless imminent danger is present.
• Remain with the individual until emergency medical personnel arrive. Be prepared to share pertinent information with Emergency Responders.
• If blood is involved in the incident and you believe you had contact with it, wash the affected area thoroughly. Refer to the BBP Handbook located on the EHS website for directions with whom to contact for blood borne exposure management.
• Automated External Defibrillators (AEDs) should be used in the event of a sudden cardiac arrest emergency. Cardio Pulmonary Resuscitation (CPR) can be performed by anyone trained in CPR.
• Refer to Appendix B for the AED Response Plan

Tornado Warnings
Tornado Warnings will be issued for the ISU campus when a funnel cloud or tornado has been spotted or RADAR has indicated a tornado threatening the ISU campus. The University Police Department will issue the warning over the ISU Emergency Alert system. Typically, the Bloomington/Normal Outdoor Warning Sirens will also be activated. In either case, the campus community will need to take cover immediately. In the event of a tornado warning, the campus community should:

• Collect Emergency Equipment
  Keep a cell phone with you in order to receive additional emergency information, and to receive the ISU Emergency Alert “All Clear” message. Keep a flashlight and a portable battery operated radio in a common area, if possible. These are located in FH 204.

• Take shelter
  Immediately move to the pre-designated tornado shelter area for the building occupied See Appendix C for a map of shelter areas. If you are unsure of the pre-designated shelter locations, move to inner hallways, stairwells, underground tunnels, rest rooms, or other areas, on the lowest level of the building, which are directly supported and relatively free from exterior windows and glass. If you are outside during a tornado warning and do not have time to move inside for shelter, move to a ditch or other low spot below grade level where you can lie (flying debris causes most deaths and injuries during a tornado).

• Avoid Dangerous Areas
  Always avoid the top floor of a building and areas such as elevators, lobbies, gyms, atriums, auditoriums, or dining centers.

• Wait for All Clear Before Exiting a Shelter Area
  Following receipt of an “All Clear message” via ISU Emergency Alert, use caution when exiting your shelter area, as storm damage could have caused downed power lines, damaged buildings, fallen tree limbs, etc.

Acts of Violence

This category includes several acts of violence situations:
• Armed robbery
• Person with weapon
• Shots fired
• Active shooter
• Hostage situation
When any of the acts of violence listed above have occurred on or near campus, ISUPD will issue an ISU Emergency Alert. All personnel will need to assess their particular situation to determine the appropriate course of action. Depending on your situation, you may have to Run, Hide or Fight.

When an ISU Emergency Alert has been issued for an act of violence, you should:

- Remain calm.
- Assess your situation.
- Consider:
  - Your location as compared to the intruder’s location.
  - Whether you have a better chance at getting to a safe location by running to another building, other location, or to stay put and take shelter.
- If the decision is to take shelter inside a building:
  - Close and lock windows and doors leading to adjacent areas.
  - Barricade doors if possible.
  - Lower and close window blinds.
  - Turn off room lights.
  - Keep quiet and silence cell phones.
  - Remain out of view from any interior windows or block the view through the window.
- If confronted by the intruder, a decision to overpower him/her may be your only option for survival.

Other Response Actions

Bomb Threats
If you receive a bomb threat by phone you should:

- Keep calm.
- Keep the caller on the phone as long as possible.
- If your phone has caller ID ascertain the caller’s phone number.
- Secure as much information as possible.
- Do not hang up the phone the call was received on.
- Call or have someone call the University Police Department (UPD) via 911 immediately from another campus phone.
- Meet with UPD officers when they arrive to the scene and provide them with detailed information regarding the call.

Chemical Spills / Hazardous Material Incident
An ISU Emergency Alert will be sent depending on the significance of the spill or release and the location. A significant spill or release is one that by volume and/or because of its characteristics cannot be cleaned up safely with supplies and equipment immediately available.

- If safe to do so, isolate the area by closing doors to prevent others from entering.
- Notify others in the area/building of the need to evacuate.
- Report to the designated Evacuation Assembly Area.
- Call 911. Identify this as an ISU campus emergency. If known, state the type and amount of chemical spilled.
- Do not attempt to clean up any chemical spill without the proper training or without consulting Environmental Health and Safety at (309) 438-8325.
- Isolate any potentially contaminated person until first responders arrive.

Explosion
- Immediately take cover.
Remain inside the building until it is considered safe to exit.
Follow the Evacuation Procedure above once determined it is safe to evacuate.

Earthquake
- Remain calm.
- Seek refuge under a desk, table, or stable item. Face away from windows and glass.
- Cover the back of your neck and head. If outside, get to the nearest open space. Stay away from buildings, overhangs, utility poles, trees and power lines.

After the earthquake:
- Call 911 only to report any injuries or immediate health hazards.
- If in a building, exit the building (being careful to not take any route that appears to be unstable/unsafe) and report to the designated Evacuation Assemble Area.
- Remain there until released by the Evacuation Coordinator. Advise the Evacuation Coordinator of anyone who may be trapped in the building.

Fire Extinguishers
Portable fire extinguishers are readily available in University buildings and may be used provided the following conditions are met:
- The fire alarm pull station has been activated and the alarm is sounding.
- The observer has been trained on the use of the portable fire extinguisher and feels confident that he/she can safely extinguish the fire.

Training
Training is required:
- to be provided to all new employees and new graduate students to the department
- when conditions change within the department that would impact any response efforts
- when changes are made to the Departmental Emergency Response Plan (communicate change)
- when employees are assigned new responsibilities that would affect their role in an emergency response.

Initial training will be conducted and documented by the Clinic Director. Annual refresher training will also be conducted by the Clinic Director every fall term. Documentation will be placed in the Clinic Director’s Office.
## Appendix A
Names of Faculty, Staff and Graduate Students working in Fairchild Hall/Rachel Cooper
Fall 2014

<table>
<thead>
<tr>
<th>FACULTY AND STAFF</th>
<th>GRADUATE STUDENTS AND STUDENT WORKERS</th>
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<tbody>
<tr>
<td>Adelman, Kim</td>
<td>Johnna Schmidt</td>
</tr>
<tr>
<td>Beck, Ann</td>
<td>Lindsay Taylor</td>
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<tr>
<td>Behm, Brooke</td>
<td>Emma Milliken</td>
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<td>Billingsley, Danica</td>
<td>Jessica Berbano</td>
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<td>Watts, Kendra</td>
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<td>Yacucci, Amy</td>
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Appendix B

B. Automated External Defibrillator (AED) Action Plan

Automated External Defibrillator (AED) Response Plan
Fairchild Hall

- **Scope**

The plan serves as a guide for handling medical emergencies involving cardiac arrest through the proper placement and the effective use of trained personnel and emergency medical resources.

- **Purpose**

An Automated External Defibrillator (AED) is used to treat victims who experience sudden cardiac arrest. The AED is only for use on victims that are unconscious, have no pulse or any signs of circulation and do not have normal breathing. The AED will analyze the heart rhythm and advise the operator if a shockable rhythm is detected. Rapid treatment of ventricular fibrillation, through the application of a controlled electrical shock, is essential to the victim’s survival. Defibrillation is an electric “shock” delivered to the heart to correct certain life threatening heart rhythms.

- **AED Owner Responsibilities**

1. Selection of employees for AED training.
2. Provide necessary training and updates, as necessary.
3. Coordinating equipment and accessory maintenance.
4. Maintain on file specifications/ technical information sheet for each unit.
5. Revision of procedures as required.
6. Communication with Environmental Health & Safety office on any issues or concerns that may present.

- **Location of Public Access AED’s**

These locations shall be specific to each department, but allow the device to be easily identified. The locations also enable staff members to retrieve the AED unit outside regular business hours.

**2nd Floor Hallway Across from Restrooms**

- **Location of Non-Public Access AED’s**

This section should list all units that are for private use, and/ or are used for traveling purposes and are kept for specific groups.

**N/A**

- **Training Requirements**

Employees designated to provide emergency assistance shall be trained in CPR AED. This training must comply with the requirements from the American Heart Association (AHA) or the American Red Cross for Heart Saver CPR AED standards.
• **AED Trained Employee Responsibilities**

1. Activating internal emergency response system and providing prompt basic life support including CPR AED and First Aid according to level of training and experience.
2. Understanding and complying with requirements of this plan.
3. Assigning someone to meet responding Emergency Services and direct them to the victim.

• **Designated First Responders**

A list of employees trained in CPR AED should be attached to this plan. Trained first responders: Beck, Ann; Boester, Cara; Bondurant, Lindsay; Bowman, Linda; Burns, Julie; Houtsma, Rebecca; Kuhn, Megan; McClure, Rene; Osenga, Candice; Pyle, Kelly; Seeman, Alyssa; Tyra, Teri; Verticchio, Heidi.

• **Equipment Maintenance**

All equipment and accessories necessary for an emergency response shall be maintained in a state of readiness. **Follow manufacturer’s guidelines for proper maintenance of the equipment.**

1. The Clinic Director shall be responsible for conducting regular equipment inspections and having required maintenance performed and documented.
2. Following use of emergency response equipment, each unit shall be cleaned and/or decontaminated as required.
3. Each AED unit is located in protective boxes with local alarms. When the door is opened an alarm sounds, this alarm does not alert anyone outside the local vicinity of the AED box.
4. Cardiac Science AED units perform a self-test every 24 hours. If the automatic self-test detects a low battery condition or a condition that requires service, the AED activates an alarm. The AED must be placed where the alarm is likely to be heard and where it is easier to inspect the unit.

• **Emergency Medical Response Activation**

**Internal Notification:** If a person goes unresponsive, is not breathing and does not have a pulse, immediately activate Emergency Response by using the following procedures:

1. **Call ISU PD from campus phone dialing 911 or via cell phone by dialing (309) 438-8631.**
2. Initiate CPR.
3. Send for AED unit, if available bystanders are present.
4. **The following information should be given to ISU PD Dispatch:**
   - Type of emergency.
   - Exact location, building address, room number, if possible.
   - Phone number you are calling from.
   - Further information requested by 911 Operator.
- **Post Incident Procedures**

The following steps should be completed as soon as possible and forwarded to Environmental Health & Safety.

1. Fill out AED Utilization Form, and forward to Environmental Health & Safety.
2. Retrieve rescue data and forward to Environmental Health & Safety.
3. Replace pads.
4. Replace any other items used (pocket mask, razors, towels, etc.)
5. Check battery life as per manufacturer standards.
6. Ensure AED is ready for use.

- **Quality Assurance**

Departments will be reviewed by the Environmental Health & Safety AED Coordinator following any deployment of an AED, and at random times throughout the year. **An AED Utilization form and Incident Reporting Form must be completed after any AED deployment or potential for deployment.**

- **Annual System Assessment**

Each calendar year, Environmental Health and Safety shall conduct and document a system readiness review. **The following items must be available for review:**

1. Departmental AED Plan, defining the standards of patient care and use of the AED.
2. Documentation for all uses of the AED.
3. AED training documentation.
Appendix C

Floor plan of shelter areas

FAIRCHILD HALL / RACHEL COOPER
C. Bloodborne Pathogens Exposure Control Plan

The Speech & Hearing Clinic has been identified by the University’s Bloodborne Pathogens Exposure Control Plan as an area of campus that must maintain exposure control due to a posed risk of occupational exposure to bloodborne pathogens (BBP). Therefore, the Speech & Hearing Clinic adheres to the ISU Bloodborne Pathogens Exposure Control Plan. The full University Plan can be found here: http://ehs.illinoisstate.edu/services/occupational/BBP%20Exposure%20Control%20Plan%204-24-14.pdf

The plan is designed to protect employees from the harmful effects of Bloodborne Pathogens and infectious waste. The Plan provides guidance, describes specific procedural requirements and delineates work practices designed to ensure that every reasonable effort is made to avoid exposure from any potential source. It also provides protocols to be followed in the event that an exposure to Bloodborne Pathogens or infectious waste is experienced by any University employee.
D. Speech and Hearing Clinic Environmental Health Plan

The following plan includes practices and procedures that must be implemented in the Speech & Hearing Clinic. All CSD employees and students must be familiar with these protocols.

1. **Hand Hygiene**
   Hand washing is the most effective way to prevent infection and is often considered the first line of defense against germs. Hands should be washed with antibacterial soap and water immediately before and after each therapy/diagnostic session and following contact with any contaminated surfaces/items. Hands, wrists, and forearms should be vigorously washed using soap and warm water for at least 15 seconds then dried using single-sheet paper towels. In the absence of access to a sink and running water, antimicrobial ‘no rinse’ hand sanitizers are effective if used according to manufacturer directions.

2. **Disposing of Medical Waste**
   Medical waste is an umbrella term that encompasses many specific terms. Medical waste refers to a variety of materials including biological waste, clinical waste, bio hazardous waste, and other waste produced in the medical profession. Medical waste is produced by hospitals, clinics, laboratories, pharmacies, dentists, veterinarians, and even in households. Disposing of medical waste is an important environmental concern, as most of it is hazardous to the biosphere and can spread infectious disease.

   The Environmental Protection Agency (EPA) defines medical waste in this manner: “*Medical waste is often described as any solid waste that is generated in the diagnosis, treatment, or immunization of human beings or animals, in research pertaining thereto, or in the production or testing of biologicals, including but not limited to:*

   - blood-soaked bandages
   - culture dishes and other glassware
   - discarded surgical gloves - after surgery
   - discarded surgical instruments - scalpels
   - needles - used to give shots or draw blood
   - cultures, stocks, swabs used to inoculate cultures
   - removed body organs - tonsils, appendices, limbs, etc.
   - lancets - the little blades the doctor pricks your finger with to get a drop of blood”

Cerumen, often encountered in audiological procedures is not considered an infectious agent until it becomes contaminated with blood or mucus. However, the color and viscosity of cerumen makes it difficult to detect the presence of such bodily fluids. Additionally, it is true that most materials used in the provision of services in the Eckelmann-Taylor Speech and Hearing Clinic rarely comes into contact with blood or other potentially infectious materials. Despite this, to be diligent in its efforts to control the spread of infectious disease within the context of our clinical setting, the Department requires that all disposable medical products used in the provision of clinical services be placed in a biohazard waste container after use. This includes gloves, wipes, tongue depressors, Band-Aids, cotton tip applicators (Q-tips), latex gloves, specula tips, ear curettes, otoblocks, Verifit probe tips, cerumen management irrigation tips, etc.

Biohazard waste containers must be sturdy, leak-proof, and have a tight-fitting lid. The containers should be red and must be labeled with "Biohazardous Waste" or a biohazard symbol and the word "Biohazard.” The containers also need to be lined with biohazardous waste bags. Once a biohazardous bag is added, the label on the container must remain be visible. Whenever waste is not being actively added, the lid must be kept on the container. Biohazardous waste must be physically separated from other wastes.
Biohazard waste containers are located in all audiological test booths, and in the Materials Center. When bags in the audiological test booths need removal the Clinic Office Support Staff (OSS) member should be notified by the Director of Clinical Experiences - Aud. The Clinic OSS oversees the Materials Center and therefore must monitor when the biohazard bags in the Materials Centers should be removed. The Clinic OCC will contact the Environmental Health and Safety Office to request removal.

3. Cleaning and Disinfecting
   Work Surfaces in clinic areas must be cleaned daily, after each patient appointment. Clinicians will disinfect all work surfaces using either Clorox disposable wipes, or a Norwex cloth and water. A supply of Clorox disposable wipes and a Norwex cloth will be kept in each treatment room. Extra supplies of these products will be stored in the Materials Center. Additionally hospital grade spray disinfectant will be stored in the Materials Center for use when necessary. If this is used all work surfaces should be sprayed, wiped, and then lightly sprayed again for air drying.

   Any work surfaces which have been overtly contaminated will also be disinfected by the clinician immediately following the therapy/diagnostic session and prior to use by others, using the same procedure with the hospital grade disinfectant. Used wipes should be placed in a red-bagged container for contaminated waste.

   Any overt contamination of carpet (e.g., blood, urine, vomitus, etc.) should be immediately reported to a supervisor who will make sure the Building Service Worker is notified and a request made to decontaminate the area. Some means of visibly identifying the contaminated area should be used (i.e., placing paper towels or disposable wipes on area, or setting a chair or two around or over the area).

4. Sterilization
   Cold sterilization with chemicals is necessary for all instruments or other materials that have come into contact with blood, mucus, or cerumen. This includes: curettes used in cerumen removal, impedance probe tips, otoscopic specula, tools used to facilitate strength and movement of the articulators in the oral cavity, tubing used for oral/nasal feedback, etc., and also toys and equipment that have been placed in the mouth, sneezed or coughed on, have been handled by clients or clinicians with open cuts/sores on their hands, or under any circumstance where common sense suggests that good hygiene has been violated. If these contaminated items are returned to the Clinic Materials Center, it is the clinician’s responsibility to inform the clerk that the item has been contaminated. When items remain in the audiology test booth, it is theclinicians responsibility to remove the item and place it in a “to be cleaned” area and notify that Clinic GA that the item has been contaminated. The Audiology Clinic GA will then sterilize anything left in a “to be cleaned bin”.

   The sterilization process requires cleaning and disinfecting first (see above), then soaking items in bleach water (1 part bleach to 10 parts water) for 30 minutes or more and then air dried. Where soaking is not possible, the items should be sprayed with the sterilization chemical located in the storage cabinet in FH 213, scrubbed with a clean wipe, re-sprayed and then air dried.

5. Personal Protective Equipment
   Gloves: Gloves should be worn when the risk of exposure to cerumen or other bodily fluids exists. A supply of latex and latex-free gloves shall be maintained in all audiological testing booths (FH 211-C, FH 213, FH 207) and in the Materials Center.
Safety glasses and disposable masks: These are necessary when there is risk of splash or splatter of potentially infectious material (such as cerumen removal by irrigation) or when the clinician/patient is at risk of airborne contamination (such as when treating patients with upper respiratory infection or inability to manage saliva). Eyeglasses with side shields, chin length face shields, and nose/mouth masks will be maintained in the Clinic Materials Center and can be checked out as needed.

6. Hazardous Chemical Waste
ISU’s Hazard Communication Program is designed to prevent exposure to and protect employees from the harmful effects of chemicals used on the ISU campus. The written program provides guidance, describes basic procedural requirements and delineates work practices designed to ensure that every reasonable effort is made to avoid exposure from any potentially hazardous chemical. Details pertaining to this program can be found at the Environmental Health and Safety website (http://www.ehs.ilstu.edu/).

Currently there is no reasonable expectation that employees and students employed in the Department of Communication Sciences and Disorders will come in contact with chemicals or hazardous substances.

7. CCC Policy

Making sure that the clinic is clean and presentable is everyone’s responsibility.
In order to make sure individual treatment rooms are kept clean and ready, graduate clinicians will be required to complete three tasks after dismissing each patient:

1. Clean the room by removing all materials and trash
2. Count the chairs to make sure all have been returned to their proper location
3. Use the Norwex Cloth and water (spray bottle) to sanitize the table top
   a. So that those who come after you can be assured the table has been sanitized, you must place the Norwex cloth over the top of the spray water bottle and place the bottle in the very center of the table when you are done.
   b. If you feel like the table/chairs require more sanitizing, disinfectant Clorox wipes will be in the Materials Center for this use.

Each evening, when the clinic is closing for the day, an office support staff member will verify that the three-C tasks have been completed in each room. Those rooms that have not been properly prepared for the following day are designated as “failed rooms”.

The support staff member will notify the Clinic Director of all failed rooms. The Clinic Director will then identify all of the students who used the failed room that day. They share the responsibility and receive a “strike” for failing to complete the required procedures. The Director will notify clinicians each time they receive a strike.

Any graduate clinician who receives three strikes in one semester will be required to clean all of the treatment rooms (at closing time) one night of the week.
E. Mandated Crime Reporting

Caution: DO NOT use e-mail to report child abuse or neglect. It causes delays and confidentiality may not be ensured.

It is important for every person to take child abuse and neglect seriously, to be able to recognize when it happens, and to know what to do next. Care enough to call the state's child abuse hotline:

1-800-25-ABUSE (Illinois)
1-800-358-5117 (TTY)
217-524-2606 (outside Illinois)

WHAT ARE CHILD ABUSE AND NEGLECT?

Hotline social workers this year will handle nearly 125,000 reports of child abuse and neglect. Child abuse is the mistreatment of a child under the age of 18 by a parent, caretaker, someone living in their home or someone who works with or around children. The mistreatment must cause injury or must put the child at risk of physical injury. Child abuse can be physical (such as burns or broken bones), sexual (such as fondling or incest) or emotional.

Neglect happens when a parent or responsible caretaker fails to provide adequate supervision, food, clothing, shelter or other basics for a child.

WHEN SHOULD I CALL THE HOTLINE?

You should call the child abuse hotline whenever you believe that a person who is caring for the child, who lives with the child, or who works with or around children has caused injury or harm or put the child at risk of physical injury as defined in the Abused and Neglected Child Reporting Act. Some examples include:

If you see someone hitting a child with an object.
If you see marks on a child's body that do not appear to have been caused by accident.
If a child tells you that he or she has been harmed by someone.
If a child appears to be undernourished, is dressed inappropriately for the weather, or is young and has been left alone.
These are a few situations when you should call the hotline. Use your own judgment and call the hotline whenever you think a child has been abused or neglected.

WHEN SHOULD I NOT CALL THE HOTLINE?

Some situations do not require calling the hotline. Use good judgment. Call only when you think a child has been or will be injured as described above. Some examples of when you should not call the hotline include:

Situations where a child is causing a problem that concerns you, but the problem is not related to abuse or neglect. In some cases you may wish to call law enforcement or talk to the child's parents or relatives.
Domestic situations where family stress is evident, but the child has not been abused or at risk of abuse.
Community service agencies are often available to help.
If you're seeking information about DCFS or its programs, please call your local DCFS office.
WHAT SHOULD I REPORT?

Hotline staff are social workers with special training in determining what constitutes child abuse and neglect under Illinois law. Details are important. Ideally, you should be able to tell the Hotline worker:

The child's name, address and age.
The nature of the suspected abuse or neglect, including when and where it occurred.
The names of suspected perpetrators and their relationship to the child (parent, teacher, etc.).
Any other information you think may help.

WHAT HAPPENS WHEN I CALL THE HOTLINE?

When you call, a hotline social worker will listen to what you wish to report. The worker will then ask questions to help gather enough information to determine whether to take a formal report. If there is not enough information to make a report, the worker will tell you so and answer any questions you may have.

If a formal report is taken, a child protection investigator will begin the investigation within 24 hours -- much sooner if the child is considered in immediate risk of harm.

HOW AM I PROTECTED?

People who report alleged child abuse or neglect in good faith cannot be held liable for damages under criminal or civil law. In addition, their names are not given to the person they name as the abuser or to anyone else unless ordered by a hearing officer or judge. Members of the general public may make reports without giving their names.

SHOULD I CALL THE POLICE?

Always call the child abuse hotline. However, you should also consider calling the police -- especially in emergencies or when the child has been injured.

HOW ELSE CAN I HELP?

The Illinois income tax check-off program enables anyone to donate to the Child Abuse Prevention Fund when they file their state income tax returns. The money is used to support community-based family education programs designed to help parents improve their parenting skills and to help them learn how to cope with family life.

DCFS also offers a wide variety of volunteer programs for people wanting to serve their communities. Call your local DCFS office for details, or write to the Office of Volunteer Services, 406 E. Monroe, Springfield, IL 62701.

FOR MANDATED REPORTERS ONLY

WHO ARE MANDATED REPORTERS?

Members of the general public may report suspected child abuse and neglect if they choose. However, state law mandates that workers in certain professions must make reports if they have reasonable cause to suspect abuse or neglect. Mandated reporters include:
Medical Personnel: Physicians, psychiatrists, surgeons, residents, interns, dentists, dentist hygienists, medical examiners, pathologists, osteopaths, coroners, Christian Science practitioners, chiropractors, podiatrists, registered and licensed practical nurses, emergency medical technicians, substance abuse treatment personnel, hospital administrators and other personnel involved in the examination, care or treatment of patients.

School and Child Care Personnel: Teachers, school personnel, educational advocates assigned to a child pursuant to the School Code, truant officers, directors and staff assistants of day care centers and nursery schools, and child care workers.

Law Enforcement: Truant officers, probation officers, law enforcement officers, and field personnel of the Department of Corrections.

State Agencies: Field personnel from the Departments of Children and Family Services, Public Health, Public Aid, Mental Health and Developmental Disabilities, Corrections, Human Rights, Rehabilitation Services. Also includes supervisors and administrators of general assistance under the Illinois Public Aid Code.

Others: Social workers, social service administrators, substance abuse treatment personnel, domestic violence program personnel, crisis line or hotline personnel, foster parents, homemakers, recreational program or facility personnel, registered psychologists and assistants working under the direct supervision of a psychologist, members of the clergy.

Mandated reporters who make good faith reports have the same immunity from liability under the law as non-mandated reporters. However, a mandated reporter's failure to report suspected instances of child abuse or neglect to DCFS constitutes a Class A misdemeanor; simply reporting suspicions to a superior does not satisfy legal requirements.

HOW SHOULD MANDATED REPORTERS MAKE REPORTS?

Call the child abuse hotline as soon as possible. Then you must send written confirmation to the appropriate DCFS field office within 48 hours. The Department will provide a form to use when sending this confirmation. If you suspect a child's death may have been caused by abuse or neglect, you must also call your county's coroner or medical examiner.

NOTICE

Any person who knowingly transmits a false report to the Department commits the offense of disorderly conduct under subsection (a) (7) of Section 26-1 of the Criminal Code of 1961. A first violation of this subsection is a Class A misdemeanor, punishable by a term of imprisonment for up to one year, or by a fine not to exceed $1,000, or by both such term and fine. A second or subsequent violation is a Class 4 felony.

PROCEDURES FOR COMPLIANCE IN THE ECKELMANN-TAYLOR SPEECH AND HEARING CLINIC

1. Student clinicians should report any incident of unexplained physical problems to the supervisor immediately.

2. The supervisor should notify the Clinic Director of all information related to the incident including a) the child’s name, b) name of parents, c) address, d) telephone number, e) child’s birthdate, f) complete and specific information relating to the nature and extent of the unexplained physical problem.

3. The Clinic Director will notify the Department Chairperson and the appropriate Director of Clinical Experiences.

4. The supervisor of the client for whom abuse is expected will notify DCFS as described in the section on making reports above.
F. Reporting Suspected Elder Abuse

REPORTING SUSPECTED ABUSE, NEGLECT OR EXPLOITATION OF OLDER PERSONS

Anyone can report a case of elder abuse in good faith. The Elder Abuse and Neglect Act provides that people – who in good faith report suspected abuse or cooperate with an investigation – are immune from criminal or civil liability or professional disciplinary action. It further provides that the identity of the reporter shall not be disclosed except with the written permission of the reporter or by order of a court. Anonymous reports are accepted.

Certain professionals are required by law to report suspected elder abuse. Illinois has a law which requires certain professionals to make reports of suspected abuse of older persons who are unable, due to dysfunction, to report for themselves.

This law applies to persons delivering professional services to older persons in the following fields:

- social services
- adult care
- law enforcement
- education
- medicine
- state service to seniors
- social workers

Mandatory reporting requirements only apply when the reporter believes that the older person is not capable of reporting the abuse themselves.

For more information, see the booklet, "Reporting Elder Abuse: What Professionals Need to Know". For a free copy, contact the Senior HelpLine.

TO REPORT ABUSE

To report suspected abuse, exploitation or neglect of an older person, call the statewide, 24-hour Elder Abuse Hotline: 1-866-800-1409, 1-888-206-1327 (TTY).

You may also call your local Elder Abuse Provider Agency. A list is available in the Directory of Agencies and Organizations Serving Seniors.

The reporter should be prepared to answer the following questions to the best of their ability...

- The alleged victim's name, address, telephone number, sex, age and general condition;
- The alleged abuser's name, sex, age, relationship to victim and condition;
- The circumstances which lead the reporter to believe that the older person is being abused, neglected or financially exploited, with as much specificity as possible;
- Whether the alleged victim is in immediate danger, the best time to contact the person, if he or she knows of the report, and if there is any danger to the worker going out to investigate;
Whether the reporter believes the client could make a report themselves;
The name, telephone number and profession of the reporter;
The names of others with information about the situation;
If the reporter is willing to be contacted again; and,
Any other relevant information.

CONFIDENTIALITY

All reports and records of the Elder Abuse and Neglect Program are subject to strict confidentiality provisions, except as provided by law or court order. Anyone can report a case of elder abuse in good faith. The “Elder Abuse and Neglect Act” provides that people – who in good faith report suspected abuse or cooperate with an investigation – are immune from criminal or civil liability or professional disciplinary action. It further provides that the identity of the reporter shall not be disclosed except with the written permission of the reporter or by order of a court. Anonymous reports are accepted.

PROCEDURES FOR COMPLIANCE IN THE ECKELMANN-TAYLOR SPEECH AND HEARING CLINIC

1. Student clinicians should report any incident of unexplained physical problems to the supervisor immediately.
2. The supervisor should notify the Clinic Director of all information related to the incident including a) the client’s name, b) address, c) telephone number, d) birthdate, e) complete and specific information relating to the nature and extent of the unexplained physical problem.
3. The Clinic Director will notify the Department Chairperson and the appropriate Director of Clinical Services.
4. The supervisor of the client for whom abuse is expected will report the suspected abuse to the Elder Abuse Hotline as described in the above section on making reports.
PART IV: INTRODUCTION TO THE CLINIC

A. History and Purpose of the Eckelmann-Taylor Speech and Hearing Clinic

The Eckelmann-Taylor Speech and Hearing Clinic was first opened in the mid-1930s to provide clinical experiences to students majoring in speech pathology and speech services to citizens of the University and local communities. Dr. Dorothy Eckelmann was the first Clinic Director and in 1952, Dr. Glenn Taylor began offering audiological services in the clinic. Under the direction of Doctors Eckelmann and Taylor, the Speech and Hearing Clinic developed a full range of speech, language, and hearing services. In 1976, the clinic was renamed the Eckelmann-Taylor Speech and Hearing Clinic in honor of Dr. Eckelmann and Dr. Taylor.

Today, the purpose of the clinic is to provide direct clinical experiences for student clinicians majoring in Speech Pathology and/or Audiology. All clinical work, carried out under the supervision of ASHA certified and State of Illinois licensed professionals, is considered to be an extension of the academic program. The clinical service aspect of the clinic is secondary to the instructional aspect. However, instructional needs can only be met by the provision of excellent clinical services. To this end, the clinic provides comprehensive evaluation and treatment services for children and adults, covering a broad range of communication, swallowing and hearing disorders.

B. ASHA CODE OF ETHICS

Preamble

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

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

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

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

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

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

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

**Rules of Ethics**

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

**Principles 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.
Principles 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.

Preamble
The Code of Ethics of the American Academy of Audiology specifies professional standards that allow for the proper discharge of audiologists’ responsibilities to those served, and that protect the integrity of the profession. The Code of Ethics consists of two parts. The first part, the Statement of Principles and Rules, presents precepts that members (all categories of members, including Student Members) of the Academy agree to uphold. The second part, the Procedures, provides the process that enables enforcement of the Principles and Rules.

PART I. Statement of Principles and Rules

PRINCIPLE 1: Members shall provide professional services and conduct research with honesty and compassion, and shall respect the dignity, worth, and rights of those served.

Rule 1a: Individuals shall not limit the delivery of professional services on any basis that is unjustifiable or irrelevant to the need for the potential benefit from such services.

Rule 1b: Individuals shall not provide services except in a professional relationship, and shall not discriminate in the provision of services to individuals on the basis of sex, race, religion, national origin, sexual orientation, or general health.

PRINCIPLE 2: Members shall maintain high standards of professional competence in rendering services.

Rule 2a: Members shall provide only those professional services for which they are qualified by education and experience.

Rule 2b: Individuals shall use available resources, including referrals to other specialists, and shall not give or accept benefits or items of value for receiving or making referrals.

Rule 2c: Individuals shall exercise all reasonable precautions to avoid injury to persons in the delivery of professional services or execution of research.

Rule 2d: Individuals shall provide appropriate supervision and assume full responsibility for services delegated to supportive personnel. Individuals shall not delegate any service requiring professional competence to unqualified persons.

Rule 2e: Individuals shall not knowingly permit personnel under their direct or indirect supervision to engage in any practice that is a violation of the Code of Ethics.

Rule 2f: Individuals shall maintain professional competence, including participation in continuing education.

PRINCIPLE 3: Members shall maintain the confidentiality of the information and records of those receiving services or involved in research.

Rule 3a: Individuals shall not reveal to unauthorized persons any professional or personal information obtained from the person served professionally, unless required by law.

PRINCIPLE 4: Members shall provide only services and products that are in the best interest of those served.

Rule 4a: Individuals shall not exploit persons in the delivery of professional services.

Rule 4b: Individuals shall not charge for services not rendered.

Rule 4c: Individuals shall not participate in activities that constitute a conflict of professional interest.

Rule 4d: Individuals using investigational procedures with human participants or prospectively collecting research data from human participants shall obtain full informed consent from the participants or legal representatives. Members conducting research with human participants or animals shall follow accepted standards, such as those promulgated in the current Responsible Conduct of Research (current edition, 2009) by the U.S. Office of Research Integrity.

PRINCIPLE 5: Members shall provide accurate information about the nature and management of
communicative disorders and about the services and products offered.

**Rule 5a:** Individuals shall provide persons served with the information a reasonable person would want to know about the nature and possible effects of services rendered, or products provided or research being conducted.

**Rule 5b:** Individuals may make a statement of prognosis, but shall not guarantee results, mislead, or misinform persons served or studied.

**Rule 5c:** Individuals shall conduct and report product-related research only according to accepted standards of research practice.

**Rule 5d:** Individuals shall not carry out teaching or research activities in a manner that constitutes an invasion of privacy, or that fails to inform persons fully about the nature and possible effects of these activities, affording all persons informed free choice of participation.

**Rule 5e:** Individuals shall maintain accurate documentation of services rendered according to accepted medical, legal, and professional standards and requirements.

**PRINCIPLE 6:** Members shall comply with the ethical standards of the Academy with regard to public statements or publication.

**Rule 6a:** Individuals shall not misrepresent their educational degrees, training, credentials, or competence. Only degrees earned from regionally accredited institutions in which training was obtained in audiology, or a directly related discipline, may be used in public statements concerning professional services.

**Rule 6b:** Individuals’ public statements about professional services, products, or research results shall not contain representations or claims that are false, misleading, or deceptive.

**PRINCIPLE 7:** Members shall honor their responsibilities to the public and to professional colleagues.

**Rule 7a:** Individuals shall not use professional or commercial affiliations in any way that would limit services to or mislead patients or colleagues.

**Rule 7b:** Individuals shall inform colleagues and the public in an objective manner consistent with professional standards about products and services they have developed or research them have conducted.

**PRINCIPLE 8:** Members shall uphold the dignity of the profession and freely accept the Academy's self-imposed standards.

**Rule 8a:** Individuals shall not violate these Principles and Rules, nor attempt to circumvent them.

**Rule 8b:** Individuals shall not engage in dishonesty or illegal conduct that adversely reflects on the profession.

**Rule 8c:** Individuals shall inform the Ethical Practices Committee when there are reasons to believe that a member of the Academy may have violated the Code of Ethics.

**Rule 8d:** Individuals shall fully cooperate with reviews being conducted by the Ethical Practices Committee in any matter related to the Code of Ethics.

D. Progression of Clinical Experience in Speech-Language Pathology

New certification standards implemented by ASHA September 1, 2014 require SLPs to obtain 400 hours of clinical experience. Clinical experience must meet the following requirements:

- 25 hours of observation must be completed
- 375 hours in direct client/patient contact at the graduate level
- First 25 hours of client contact must be supervised by university program staff
- 325 hours must be obtained at graduate level.
- Must include experiences with children and adults
- Must include experiences from the range of disorders in Standard IV-C: articulation, fluency, voice, resonance, language, hearing, swallowing, cognition, social aspects, communication modalities
- Must include experiences to develop skills in evaluation, intervention, interaction, and personal qualities, and administrative and clinical functions (client/patient selection, maintaining client/patient files, completing reports, universal precautions).

All clinical assignments both on and off campus are assigned by the Director of Clinical Experiences in Speech-language Pathology, and recorded in Typhon, the clinic’s electronic record keeping system for clinician data and information. The typical progression of hours earned is as follows:

- 20-25 hours in 408.4: Basic Practicum SLP
- 6-10 hours in 408.1: Basic Practicum AUD Diagnostics
- 30-50 hours in each of three semesters of 408.5: Advanced Practicum SLP
- 125 hours in each of two, 10-week, full-time internships.

Note: Graduate students will not be considered to be eligible to begin full-time internships until they have obtained at least 150 hours of direct client contact. However, this should be viewed as a minimum. Students should desire and expect to exceed this by as many hours as possible.

It is the clinicians’ responsibility to ensure that hours earned are entered into Typhon within one week of each encounter. These hours will be reviewed and must be approved by the direct supervisor on a regular basis. Typhon will create and maintain a comprehensive log of the students’ hours, displaying the diversity of experiences completed. Students should review the comprehensive log regularly. If you believe you are falling behind in either the amount or type of experiences required, make an appointment to discuss your options with the Director of Clinical Experiences.

E. Progression of Clinical Experience in Audiology

Applicants for certification must complete a program of study that includes academic course work and a minimum of 1,820 hours of supervised clinical practicum sufficient in depth and breadth to achieve the knowledge and skills outcomes stipulated in Standard IV. The ASHA required 1,820 hours must be supervised by individuals who hold the ASHA Certificate of Clinical Competence (CCC) in Audiology. Additional hours supervised by non-ASHA certified, but licensed audiologists, may be acquired at any time during the students’ practicum. Students progress through a variety of clinical assignments as they complete course work and gain content knowledge. All clinical assignments both on and off campus are assigned by the Director of Clinical Experiences in Audiology, and recorded in Typhon, the clinic’s electronic record keeping system for clinician data and information.

It is the clinicians’ responsibility to ensure that hours earned are entered into Typhon within one week of each encounter. These hours will be reviewed and must be approved by the direct supervisor on a regular basis.
Typhon will create and maintain a comprehensive log of the students’ hours, displaying the diversity of experiences completed. Students should review the comprehensive log regularly. If you believe you are falling behind in either the amount or type of experiences required, make an appointment to discuss your options with the Director of Clinical Experiences.

Note: Graduate students will not be considered to be eligible to begin internships until they have obtained approval from the Director of Clinical Experiences

F. Certificate of Clinical Competence Standards in Speech-Language Pathology

The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) of the American Speech-Language-Hearing Association adopted new standards for certification in speech-language pathology in 2013. The new standards and implementation procedures for the Certificate of Clinical Competence in Speech-Language Pathology took effect for all applications for certification received on or after September 1, 2014. All speech-language pathology students in the Department of Communication Sciences and disorders at Illinois State University are currently functioning under them. See the citation below:


G. Certificate of Clinical Competence Standards in Audiology

The Council For Clinical Certification in Audiology and Speech-Language Pathology (CFCC) approved new standards for certification in audiology in July, 2009, and set an implementation date of January 1, 2012. All audiology students in the Department of Communication Sciences and Disorders at Illinois State University are currently functioning under them. See the citation below:


H. Dress Code

The Department, University, outside agencies, and the general public recognize the Eckelmann-Taylor Speech and Hearing Clinic as a professional service unit. As such, all faculty, staff, and students are required to adhere to widely accepted, professional standards of dress when involved in the provision of direct services or observation of our clients. The following guidelines will assist in determining the appropriateness of dress and appearance.

1. The professional is neat, clean, and well groomed.
2. Clothing is in good repair.
3. Clothing is professionally modest
4. No visible undergarments
5. No cleavage of any kind
6. No midriff or back showing
7. No visible piercings other than ears (limit of three earrings per ear).
8. No gauges or bars
9. No visible tattoos
10. No casual shorts, blue jeans, tennis shoes, or flip flops
11. Dresses and skirts should be within four inches of the top of the knee
12. Leggings and skinny pants are permissible if worn with a top that is at least mid-thigh length.

Professionals recognize that although some styles may meet these criteria and be appropriate for other settings, they may not be conducive to the delivery of professional services. Supervisors will alert clinicians of concerns and/or violations of these standards. All questions regarding the dress code and its implementation should be referred to the Director of Clinical Experiences.
PART V: PRIVACY AND CONFIDENTIALITY POLICIES

A. Health Insurance Portability and Accountability Act (HIPAA)

Any healthcare provider that electronically stores, processes or transmits medical records, medical claims, remittances, or certifications must comply with Health Insurance Portability and Accountability Act (HIPAA) regulations. As a covered entity, the Eckelmann-Taylor Speech and Hearing Clinic takes seriously its obligation to keep information about our patients’ health confidential. The following policies and practices outline the ways in which we create, store, and use Protected Health Information (PHI) in the clinic.

Protected Heath Information (PHI) as defined under HIPAA includes individually identifiable health information including demographic information collected from an individual, which is created or received by a health care provider, health plan, employer, or health care clearinghouse; and which relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual. It pertains to information that identifies the individual or could be used to identify the individual, including:

1. Name and address;
2. Date of birth;
3. Social security number;
4. Payment history;
5. Account number; and
6. Name and address of the health care provider and/or health plan;
7. Any combination of information about a client that could identify them.

This section reviews processes and procedures that have been put in place to protect the privacy and confidentiality of patient records in the Eckelmann-Taylor Speech and Hearing Clinic. These procedures are to be practiced at all times by all faculty, staff and students directly or indirectly involved in the clinic and with access to PHI.

Faculty, staff, and student clinicians will receive annual training in HIPAA regulations and privacy practices. The Department Privacy Officer will provide initial training. Annual re-training may be provided using a web-based training module with a corresponding evaluation tool for documentation of completion. Following training, all faculty, staff, and students are required to sign a Privacy and Confidentiality Training Acknowledgment form indicating their understanding and willingness to abide by confidentiality policies and procedures.
B. Notice of Privacy Practices - Uses and Disclosures of Medical Information

Illinois State University, Eckelmann-Taylor Speech and Hearing Clinic

PRIVACY PRACTICES NOTICE, OMNIBUS RULE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

Students (Patients who are not students should skip to section II)
We will use and protect your medical information in compliance with the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. 1232g (“FERPA”). FERPA gives you certain rights to inspect your medical information, with certain limitations. FERPA also gives you the right to control our release of your medical information in most circumstances. We will obtain your consent before we release medical information about you, except where FERPA allows release without your consent. The complete student notification of rights under FERPA sent to Illinois State University students can be found at www.registrar.ilstu.edu/ferpa.
In addition to FERPA, we also follow relevant State and Federal law including, but not limited to, the Illinois Nursing Home Care Act; Illinois Medical Practice Act; Illinois Mental Health and Developmental Disabilities Code; Illinois AIDS Confidentiality Act; Genetic Information Privacy Act; Illinois Mental Health and Developmental Disabilities Confidentiality Act; and the Federal Drug Abuse, Prevention, Treatment and Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970.

Non-Students

Our Legal Duty
We are required by applicable Federal and State law to maintain the privacy of your medical information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect 07/01/14, and will remain in effect until we replace it.
We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all medical information that we maintain, including medical information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.
You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

Uses and Disclosures of Medical Information
We use and disclose medical information about you for treatment, payment, and health care operations. For example:

Treatment: We may use or disclose your medical information to a physician or other health care provider in order to provide treatment to you. This may include, but is not limited to consulting with other doctors about your care, delegating tasks to ancillary staff, calling in prescriptions to your pharmacy.
Payment: We may use and disclose your medical information to obtain payment for services we provide to you. We may disclose your medical information to another health care provider or entity subject to the Federal Privacy Rules so they can obtain payment. You can restrict disclosure to your insurance company for any services you pay for “out of pocket” under the 2013 Omnibus Rule.

Health Care Operations: We may use and disclose your medical information in connection with our health care operations. Health care operations include:

• quality assessment and improvement activities;
• reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities;
• medical review, legal services, and auditing, including fraud and abuse detection and compliance;
• business planning and development; and
• business management and general administrative activities, including management activities relating to privacy, customer service, resolution of internal grievances, and creating de-identified medical information or a limited data set.

We may disclose your medical information to another entity which has a relationship with you and is subject to the Federal Privacy Rules, for their health care operations relating to quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, or detecting or preventing health care fraud and abuse.

Minimum Necessary Rule: Our staff will not use or access your PHI unless it is needed to do their jobs. All of our team members are trained in HIPAA Privacy Rules and sign a strict confidentiality contract with regards to keeping your PHI private. So do our Business Associates and subcontractors. We only disclose to outside entities, as much of your PHI as is needed to accomplish the recipients’ lawful purposes. Still in certain cases, we may use and disclose the entire contents of your medical record: to you (or legal representatives) and anyone else you provide permission for disclosure; to healthcare providers for treatment purposes; to the United States Department of Health and Human Services; to others as required under state and federal law.

Genetic Information: Under the new Omnibus Rule, health insurance plans cannot use or disclose your genetic information for underwriting purposes (excluding long-term care plans).

On Your Authorization: You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your medical information for any reason except those described in this notice.

To Your Family and Friends: We may disclose your medical information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care. We may use or disclose your name, location, and general condition or death to notify, or assist in the notification of (including identifying or locating), a person involved in your care.

Before we disclose your medical information to a person involved in your health care or payment for your health care, we will provide you with an opportunity to object to such uses or disclosures. If you are not present, or in the event of your incapacity or an emergency, we will disclose your medical information based on our professional judgment of whether the disclosure would be in your best interest. We will also use our professional judgment and our experience with common practice to allow a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of medical information.
Disaster Relief: We may use or disclose your medical information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

Health Related Services: We may use your medical information to contact you with information about health-related benefits and services or about treatment alternatives that may be of interest to you. We may disclose your medical information to a business associate to assist us in these activities. We may use or disclose your medical information to encourage you to purchase or use a product or service by face-to-face communication or to provide you with promotional gifts.

Research: We may seek authorizations from you for the use of your PHI in CSD current and future research. However, we would make clear the research it is being used for.

Fundraising: We do not generally participate in fundraising with our patient information. If we choose to in the future we will provide you with any fundraising materials and a description of how you may opt out of receiving future fundraising communications.

Public Benefit: We may use or disclose your medical information as authorized by law for the following purposes deemed to be in the public interest or benefit:

- as required by law;
- for public health activities, including disease and vital statistic reporting, child abuse reporting, FDA oversight, and to employers regarding work-related illness or injury;
- to report adult abuse, neglect, or domestic violence;
- to health oversight agencies;
- in response to court and administrative orders and other lawful processes;
- to law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person;
- to coroners, medical examiners, and funeral directors;
- to organ procurement organizations;
- to avert a serious threat to health or safety;
- in connection with certain research activities;
- to the military and to federal officials for lawful intelligence, counterintelligence, and national security activities;
- to correctional institutions regarding inmates; and
- as authorized by State worker’s compensation laws.

Other Legal Restrictions: We will not use or disclose your medical information if it is prohibited or materially limited by other applicable law including, but not limited to, the Illinois Nursing Home Care Act; Illinois Medical Practice Act; Illinois Mental Health and Developmental Disabilities Code; Illinois AIDS Confidentiality Act; Genetic Information Privacy Act; Illinois Mental Health and Developmental Disabilities Confidentiality Act; and the Federal Drug Abuse, Prevention, Treatment and Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970.

Individual Rights

Access: You have the right to look at or get copies of your medical information, with limited exceptions. You may request that we provide copies in a format other than photocopies, including an electronic format. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain
access to your medical information. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending us a letter to the address at the end of this notice. If you request copies, we may charge you up to $0.50 for each page.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your medical information for purposes other than treatment, payment, health care operations, as authorized by you, and for certain other activities, since April 14, 2003. We will provide you with the date on which we made the disclosure, the name of the person or entity to whom we disclosed your medical information, a description of the medical information we disclosed, the reason for the disclosure, and certain other information. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement to additional restrictions must be in writing signed by the Privacy Officer who is authorized to make such an agreement on our behalf. We will not be bound unless our agreement is so memorialized in writing.

Confidential Communication: You have the right to request that we communicate with you about your medical information by alternative means or to alternative locations. You must make your request in writing. We must accommodate your request if it is reasonable, specifies the alternative means or location, and provides satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your medical information. The request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended and the originator remains available or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Breach Notification: We will take reasonable administrative, technical, and security safeguards to ensure the privacy of your PHI when we use or disclose it. In the event that there is a breach in protecting your PHI, we will follow Federal Guidelines to the HIPAA Omnibus Rule Standard to first evaluate the breach situations using the four-factor formula. Then we will document the situation, retain copies of the situation on file, and report all breaches as required by law.

Electronic Notice: If you receive this notice on our web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information or in response to a request you made to amend or restrict the use or
disclosure of your medical information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Office: Department Privacy Officer, Illinois State University, Rachel Cooper, Room 211
Telephone: (309) 438-8641 Fax: (309) 438-0575 E-mail: speechhearingclinic@illinoisstate.edu
Address: Illinois State University, Campus Box 4720, Normal, IL 61790-4725
C. Notice of Privacy Practice Acknowledgement

SECTION A: Acknowledgment of receipt of Privacy Practices Notice

I, _________________________, acknowledge that I have had the opportunity to review the Privacy/Practices Notice from the Eckelmann-Taylor Speech and Hearing Clinic at ISU.

SIGNATURE: ________________________________ DATE: ___________________

If this authorization is signed by a personal representative on behalf of the individual, complete the following:

PERSONAL REPRESENTATIVE’S NAME: ________________________________

RELATIONSHIP TO INDIVIDUAL: ________________________________

NAME OF INDIVIDUAL RECEIVING SERVICES: ________________________________

SECTION B: Good faith effort to obtain acknowledgement of receipt

Describe your good faith effort to obtain the individual’s signature on this form:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Describe the Reason why the individual would not sign this form:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

I attest that the above information is correct.

Print name & title of person completing Section B: ________________________________

SIGNATURE: ________________________________ DATE: ___________________
D. Consent for Treatment

I acknowledge that I have read, understand, and consent to the following:
I hereby consent to receive speech, language, or hearing healthcare from the Eckelmann-Taylor Speech and Hearing Clinic (ETSHC) at Illinois State University (ISU). I also authorize evaluation using formal and informal test measures, and speech, language and/or hearing habilitation or rehabilitation which, in the judgment of the supervising speech-language pathologist or audiologist, may reasonably be necessary to preserve and protect my speech, language, or hearing health.

I further authorize the Eckelmann-Taylor Speech and Hearing Clinic at ISU to use or disclose any information in my patient record, for the purpose of carrying out treatment (including but not limited to information regarding prescriptions and referrals), payment (including but not limited to internal and external billing for payment of services and insurance purposes), or health care operations. I understand that some products and services may be covered by insurance, Medicaid, or Medicare, and that I may be billed directly for some of these services. I authorize those charges that are not covered by a third party payer to be billed to me for purposes of payment.

I understand that if I am unable to keep my appointment, a missed appointment fee will be charged to my account. I understand that I will be assessed charges for services or missed appointments and that I will be obligated make payment for such services or appointments.

Any information disclosed during my contacts with the ETSHC, or records maintained in written and/or electronic form, will be kept strictly confidential as required by state and federal law, and by applicable ethical standards. In most instances, my written permission is required before information about my contacts with the ETSHC is released; however, according to state and federal law, there are exceptions to the above rules of confidentiality and disclosure. Some of these exceptions include, but are not limited to the following. Healthcare providers are required by state law to report any instance of suspected child abuse to appropriate agencies. Healthcare providers have a legal duty to take action if they conclude that I intend to harm myself or another person. If I put my speech, language, or hearing health at issue in any lawsuit, ETSHC may be required to release information from my records.

My signature below indicates that I have read and fully understand and agree to all the information above.

Name________________________________________
Signature _________________________________Date: _______________________

Contact Information: Clinic Director, Rachel Cooper Room 211 Telephone: (309) 438-8641
E. Electronic Health Record

Providers of speech, language, and hearing services in the Eckelmann-Taylor Speech and Hearing Clinic use an electronic health record developed by Point and Click Solutions to create, and store all patient health information. The software is designed to be HIPAA compliant, as are the policies and practices put into place for its use.

Policy:

Providers of speech, language, and hearing services in the Eckelmann-Taylor Speech and Hearing Clinic use an electronic health record developed by Point and Click Solutions to create, and store all patient health information. The software is designed to be HIPAA compliant, as are the policies and practices put into place for its use.

Access:
Access to Point and Clinic (PnC) client-relationship management software is limited to supervisors, clinicians, office staff members, and CAS-IT team members assigned to the clinic, whom have completed HIPAA privacy and confidentiality training as outlined in the CSD Security Risk Analysis Report. Each of these persons is assigned a role in the clinic and assigned security clearance appropriate to that role. There are different levels of access to ePHI for different roles, based on their need for access. This limits each person’s access to ePHI to the minimum necessary to perform their responsibilities.

Student clinicians access the PnC software only on designated computers found in Room 309E Fairchild Hall and in audiology treatment booths located in Rooms 207, 208F, 212C, and 213 Fairchild Hall. Fairchild Hall Room 309E is protected by an electronic keypad, which reads and recognizes the University Identification Number (UID) found on each student’s University Identification Cards (Redbird ID). At the beginning of each term, a university designated security officer grants access to only those students who are active clinicians. Clinicians must swipe their Redbird ID cards to gain access to the room. On all PnC designated computers, students are required to enter their ULID and associated password into the PnC software to access the health record for their patients.

Office staff members access the PnC software on their office computers, located in their workspace, the clinic office, Room 211 Rachel Cooper. They must enter their ULID and associated password into the PnC software to gain access to the health records for all patients.

Supervisors access the PnC software on their office computers, located in their individual offices on second floor, Fairchild Hall. In addition, each supervisor may access the software from home by remoting into their office computers from a designated personal computer. Supervisors must enter their ULID and associated password into the PnC software to gain access to the health records for all patients. Request for access is submitted by a CAS-IT ticket.

Minimal Necessary Access:
Clinicians and supervisors may access ePHI for only those patients that are assigned to their caseload in any given semester. There is an electronic trail created each time a patient record is accessed, and random audits are used to ensure that users are not accessing records they have no need or authority to access.

Use:
Supervisors, clinicians and staff are trained in the use of PnC and confidentiality practices before being granted access to the software. Protected health information and sensitive information are not to be sent through e-mail.
or other software outside of Point and Click. When using PnC to view patient records, authorized users should take care to make sure that sensitive information on display screens is not to be visible to unauthorized people or left unattended in publically accessible areas. After signing onto PnC with their ULID and associated passwords, students may navigate and use the patient record as needed; sending and receiving records and messages from their supervisors and office staff.

**Passwords:**
Passwords are not to be shared or written down and should never be given to anyone, even to campus IT or CAS-IT personnel. Accounts used for accessing protected health information are not to be shared. ISU Information Technology Appropriate Use Policy must be followed. This policy can be found here: http://policy.illinoisstate.edu/technology/9-2.shtml.

**Printing of Records:**
Clinicians are allowed to print copies of patient records as they are needed to provide evaluation and treatment services to their patients. Because all records printed from PnC contain PHI, they must be stored in the temporary patient folders at all times (see policies pertaining to temporary folders in the section titled Paper Health Record below). Supervisors may print and store patient records in working files in their offices (see policies pertaining to working folders in the section titled Paper Health Record below).

The printer in the PnC lab (FH 309E) is only to be used to print a lesson plan for the 332 observer. Any other information from PnC that must be printed needs to be sent to the PAY printer in FH 315. Documents sent to this computer will NOT print until the Redbird card swipe. This process ensures that documents printed are for the correct recipient. Any printed information must be placed in the clients temporary file that is stored in the clinic office.

**Automatic Logoff:**
When authorized individuals have finished their work in the PnC system, and/or must step away from the computer for any reason, they must either LOCK or EXIT PnC to protect ePHI. Workstation screens are set to automatically lock after five minutes for the lab and fifteen minutes for faculty/staff workstations. Automatic logoff is not instituted as the workstations are used for more than just clinic business. Password-secured applications include (but are not limited to) the PnC, Noah, Exchange E-mail, campus E-mail (Webmail), Outlook Web Access and ISU Mainframe/NVAS.

To be considered secured, the PnC system will display the user ID/password screen, the ISU Mainframe /NVAS window will display the VTAM screen/NVAS sign-on screen, Outlook will be closed, and other software systems will either be closed or at the login window. No unattended computer will be left with any confidential applications/information. PnC will automatically lock after 5 minutes of inactivity within PnC.

**F. Paper Health Record**

Paper folders are used to store paper documents generated during the course of treatment. Folders are stored in a locking file cabinet in the clinic office. This cabinet is unlocked and folders are available to authorized users during regular clinic business hours. At the close of each business day, all files are to be returned to the file cabinet and it will be locked until the start of business the following day. Supervisors, clinicians, observers, and staff members may access only folders for patients assigned to them or for whom they are directly responsible for treatment, payment, or operations. Neither an entire folder nor any part of a folder can be taken from the clinic area at any time. The clinic area includes the second floor of Fairchild & Rachel Cooper Halls, the PnC computer lab (FH 309E), the Student Work Room (FH 313), and all supervisor offices. Do not keep folders in
lockers, briefcases, backpacks, etc., nor leave them on tables in work areas. They should be in your possession or properly filed at all times.

Documents found in patient folders are private and should be treated as such. They may not be removed, copied or shared with others without the patient’s written permission. Misplacing, losing, or failing to return a folder to the proper location is a violation of our privacy and confidentiality policies and is therefore a sanctionable act.

**Temporary Folders:**
A temporary folder is created for each new patient seen in the clinic. Red folders are used to designate speech-language therapy clients, orange folders designate speech-language diagnostic patients, green folders designate auditory processing and MDC patients, and yellow folders designate audiology patients. All temporary folders are stored in a file cabinet in the Clinic Office and must be checked out using a paper checkout card. When checking out a temporary folder (even for a few minutes), place your name, current date, and the patient’s name on the checkout card, and file the card in the place where the folder should be.

The file room, containing patient folders, is always locked, even during normal business hours. Access to the file room requires clinicians, supervisors, and staff to swipe their university ID card through an electronic key pad. UIDs for authorized users are added each semester by the designated university security officer. The file cabinet is left unlocked during normal business hours. All temporary folders must be returned to the file cabinet before the close of business each day. When the clinic is closed, the file cabinet is locked.

**Working Folders**
Supervisors may choose to create working folders for the patients assigned to their caseload each semester. Any PHI they create or print from PnC for that patient must be kept in the working folder. The working folders must be stored in a file cabinet in the supervisor’s office, which must be locked at the end of business each day.

**CSD 332 Observation Folders**
Students enrolled in CSD 332: Clinical Processes are assigned to observe graduate clinicians and patients in the clinic each semester. These students are given a folder by their instructor to use during the observation process for storage of observational notes and related assignments. These students are also given access to the file room by the designated university security officer. Before they observe their clients, these students will a) access the temporary folder for their assigned patient, b) remove the patient’s lesson plan from the folder, and c) place the lesson plan into their CSD 332 folder to take to the clinic observation room. When they are finished observing, they must return the lesson plan and observational notes in the CSD 332 folders to the file cabinet and place it in their instructor’s holding area. These folders must be returned to the file cabinet by the end of each working day to be locked up with the temporary folders.

**G. Close Out Policy**
At the end of every term, student clinicians make an appointment with their supervisors to close out therapy patient records. The close out process is also used to finalize work on all diagnostic sessions. Using the close-out form found in the patient’s temporary folder, supervisors:

- remove flow sheets, review and sign all open encounters in PnC
- affix patient label and initial all documents in the temporary folder that are to be scanned into the patient record
- fold in half vertically and initial all documents in the paper record that are to be shredded
- review and approve student logs
• review and provide student with written clinical assessment (grade)
• take temporary folder to clinic office staff for processing

Office staff will shred all documents that are not part of the patient record. Documents that are scanned into the patient record will be validated, authenticated, and destroyed per policy.

**H. Monitoring, Recording, and Photographing Patients**

With the patient’s permission, supervisors and clinicians may use CSD Department owned flip cameras, digital voice recorders, cameras, iPads, and/or laptop computers, CDs and/or DVDs to make audio or visual recordings of diagnostic or therapy sessions or take photographs of patients. Such devices are stored in the clinic office in a locked cupboard or drawer, and may be checked out at the front desk. Student clinicians may *not* use personal recording devices such as smart phones or iPads, nor may they use personal CDs or DVDs to record a patient for any purpose.

Video and audio recordings and photographs of clients are considered confidential information and must be handled with the same level of care as other pieces of confidential information and protected health information. Immediately after making a recording or taking a photograph, it should be uploaded to the CSD Drive in the appropriate supervisor’s Report Folder. The original recording or image should then be immediately and completely erased and rendered unreadable before returning the device or disposing of the disk.

If for some reason a recording must be kept in/on a media storage device such as those described above for a short period of time, the device must be placed in a locked cabinet or drawer in the supervisor’s office when not in use. As soon as it is feasible to do so, the original recording should be completely erased and rendered unreadable before returning the device or disposing of the disk.

Whether recorded information are to be preserved long term for educational purposes is up to the discretion of the supervisor who will respect the patients’ wishes as specified on the signed *Training/Observation Permission Form*. If it is determined that the information is to be preserved, it may be uploaded to the CSD drive by any supervisor, using an ISU computer. In order to allow students in the CSD program to view these recordings, some of them may be saved onto DVD and kept in the materials center for checkout. All such DVDs will be stored in a locked cabinet in the materials center, which will be kept, locked, and only opened only when a DVD is requested. These DVDs may only be viewed by authorized students in the designated student observation room in the clinic (FH211E). Under no circumstances may these DVDs be removed from the clinic area.

Recorded sessions with actual patients can be viewed by students only when instructed to do so by a supervisor or instructor. **Video and audio recordings of patients may not be removed from the clinic area for any reason, and must be reviewed within the clinic area only.** All saved recordings must be viewed on CSD owned computers in a private area where it is possible to insure that sensitive information on display screens is not visible to unauthorized people. At no time should a recording be left open while unattended and/or not in use.

No photography, audio recording or video recording is allowed in patient waiting areas or in other, non-private areas where other patients or person are present.

**Training and Observation Form**

All new clients will be asked to sign a Training/Observation Permission Form. The form will be scanned into the patient record, and compliance with this policy noted in the Registration section of PnC by office staff.
A patient/parent/guardian signature on this form indicates that the patient/parent/guardian is aware of and understands the training and educational nature of the clinic. The patient/parent/guardian either authorizes or does not authorize:

1. the use of a closed-circuit monitoring system for observational purposes
2. the use of video and audio recordings of evaluations and/or therapy sessions
3. playback of video and audio recordings for educational training experiences outside the clinic, including undergraduate and graduate courses and research

If a patient/parent/guardian declines to grant authorization for closed-circuit monitoring and necessary recording of his or her evaluation and therapy, the supervisor should discuss the need for such actions with the patient. Depending on the outcome of the discussion, the supervisor will use his/her discretion to evaluate/treat the patient under this restriction or to refer the patient to alternative service providers.

If a patient/parent/guardian grants authorization for closed-circuit monitoring and necessary recording of evaluation and therapy, but declines to allow playback of recordings beyond their clinical purposes, the recordings will be destroyed immediately following their use.

*Patients receiving diagnostic services will be asked to sign this document prior to the start of the diagnostic. Patients receiving ongoing therapy will be asked to review and sign the Training/Observation Permission form annually.*
I. Training/Observation Permission Form

I am requesting that ____________________________ , who is my ___________________ receive evaluation, habilitation/rehabilitation or other services at the Eckelmann-Taylor Speech and Hearing Clinic at Illinois State University due to suspected speech, language, and/or hearing impairment.

I understand that:

- The Clinic is a teaching, research, and service center.
- The Clinic serves the training needs of college students preparing for careers in speech pathology and audiology.
- Services are often provided by students who are supervised by professional staff who hold the Illinois License and a Certificate of Clinical Competence in Speech-Language Pathology and/or Audiology.
- A closed-circuit monitoring system consisting of a video camera installed in each clinic room and monitors in all supervisor offices is used to allow observations by students and supervisors for learning purposes.
- There are two observation rooms in the clinic; one for observation by family members, and one for student viewing. While measures are taken to ensure the confidentiality of all diagnostic and intervention sessions conducted in the clinic, it is possible that someone not known to me may observe portions of my, or my child’s, therapy or audiological appointment.
- The supervision and training needs of the clinic also make use of audio and video tape recordings.
- Use of any audio or video recordings is restricted to faculty, staff, and student clinicians of the Illinois State University Department of Communications Sciences and Disorders. Additionally, faculty members might play portions of audio or videotapes of clinical sessions during classroom sessions for educational purposes such as demonstrating certain speech patterns or clinical techniques to students.
- No information will be given to other persons or agencies unless the clinic obtains a signed release of information form from me, or unless a lawfully issued subpoena or court order is received for any such information.

NOTE: Authorization may be necessary in order to receive services at this clinic.

#1 Authorization is granted ____ to the Eckelmann-Taylor Speech and Hearing Clinic for closed-circuit observation of my, or my child’s, audiological, diagnostic and/or therapy sessions by faculty, staff, and students in the professional training program of the Eckelmann-Taylor Speech and Hearing Clinic.

#2 Authorization is granted ____ to the Eckelmann-Taylor Speech and Hearing Clinic for audio and/or videotaping of my, or my child’s, audiological, diagnostic and/or therapy sessions and for use of these audio and/or videotapes for educational purposes within the Department of Communications Sciences and Disorders only.

#3 I do NOT grant authorization for ___ audio/ videotaping ___ closed-circuit observation.

I will discuss this further with my or my child’s, audiologist or speech language pathologist.

Client’s name – please print

Client or Parent/Guardian signature

Date

Relationship to client if other than client

All clients of the Eckelmann-Taylor Speech and Hearing Clinic are treated equitably without regard to gender, sexual orientation, age, race, creed, national origin, or disability. The Department of Communications Sciences and Disorders and Eckelmann-Taylor Speech & Hearing Clinic comply with all applicable laws, regulations, and executive orders pertaining thereto.
J. Telephone Calls To Patients/Parents/Guardians

It is often necessary to contact a patient, parent, or guardian by telephone for scheduling, billing, or clinical purposes. When new patients are registered, they are asked to provide a number at which they can be reached and where a message can safely be left for them. These numbers can be found in the Registration section of PnC. Before placing a phone call to a patient:

- Clinicians must secure the permission of their supervisor to make the call
- Check the patient’s registration information for the phone number
- Note in PnC if the patient has indicated restrictions regarding how and to whom information about him/her may be relayed. Always follow the patients expressed wishes.
- Identify and move to a private space where you are sure your conversation cannot be overheard by others

Whenever possible, phone calls should be made in a private office using an ISU phone. If it is not possible to do so, individuals may use a personal phone, following the guidelines above. When using a personal phone, it is recommended that the caller ID function be disabled, by adding the prefix *67 to the number, so as to protect the caller’s personal contact information.

When calling a parent/guardian of a minor child or an adult patient to confirm a scheduled appointment:

1. *Ask to speak to patient/parent/guardian*
2. If patient/parent/guardian is not available, leave your name, indicate that you are calling from the Eckelmann-Taylor Speech and Hearing Clinic, and leave the days/date and time of the scheduled appointment (Example: “Please let Mrs. Smith know that Jenny Jones called from the Eckelmann-Taylor Speech and Hearing Clinic to confirm her appointment on Mondays from 3-4 beginning on August 21st.”)
3. Leave the phone number to the clinic office (309/438-8641)
4. Ask the patient to call the clinic office to confirm the appointment

**NO ADDITIONAL INFORMATION CONCERNING THE NATURE OF THE CALL IS TO BE SHARED WITH ANYONE OTHER THAN THE PATIENT/PARENT/GUARDIAN.**

After completing a call, regardless of whether or not you spoke to the intended party, record the details of the call in a miscellaneous phone note in PnC.
K. Faxing of Patient Information

Receiving a Fax:
All facsimiles with patient information will be received on the fax machine located in the clinic office (RC211) on the desk of the OSS, by staff members in the Clinic Office. Office staff will:

1. Handle all incoming faxes as confidential information.
2. Remove all incoming faxes from the machine promptly.
3. Ensure all pages are present and legible. If any are missing or cannot be read, the sender will be notified so the information may be clarified by phone and/or refax the information.
4. Place all incoming faxes in the patient’s temporary folder for scanning later, or scan immediately into the patient record and authenticate, validate, and destroy according to policy.
5. In case of receipt of a misdirected fax, the sender will be immediately notified and the information received will be placed in the locked, confidential recycle bin for proper destruction.

Sending a Fax:
Only members of the Clinic Office Staff can send patient information by facsimile; this will be done upon request, at no charge, and only with proper authorization to release information on file. Requests to fax information made to student clinicians, supervisors, or any other department or clinic personnel should be forwarded to the clinic office staff for explanation of the fax policy and processing.
Clinic Office staff will send all faxes with patient information from the fax machine located in the clinic office (RC211) on the desk of the OSS. Office staff will:

1. Use a Confidential Fax Cover Sheet with every outgoing fax, with the following confidentiality statement:
   “The information contained herein is confidential and is being provided in response to a written authorization, subpoena, court order, or statute. Further disclosure by the receiving party is prohibited. The recipient is required to destroy the information after the stated need has been fulfilled.”
2. Remain with the documents until the facsimile report indicates the document has been successfully faxed.
3. Document the sent fax in the patient’s record by:
   a. Completing a miscellaneous note in PnC
   b. Include a scanned copy of the Confidential Fax Cover Sheet and the Fax Confirmation Checklist in the miscellaneous note.
4. Complete the verification and authorization process for the original faxed document, cover sheet, and checklist and place them in the locked, confidential recycle bins for proper destruction.
L. Authorization To Release Records

Patients/parents/guardians who wish to have their patient records released to or sent from a third party should be directed to the clinic office to complete the Authorization to Release Records form. Office staff will verify the identity of the person completing the Authorization to Release Records by first requesting and viewing a valid driver’s license, state ID, or University ID.

Patient information in any form shall never be released to or requested from anyone other than the patient/parent/guardian themselves without their express written consent. Verbal consent to release information is not an acceptable form of consent.

Clinicians may not initiate a request for patient information, nor shall they respond to a request for information. Clinicians should notify their supervisor if patient records have been or will be requested.

With proper, signed consent, supervisors and staff members in the Eckelmann-Taylor Speech and Hearing Clinic are authorized to release only those records that have been generated by faculty and staff members in the Eckelmann-Taylor Speech and Hearing Clinic. The Clinic will not release any patient information that has been sent to the Clinic by a third party.

Once a request to send records is signed and validated and patient information has been sent, a miscellaneous note should be made in the patient’s record in PnC.

When patient information is received from a third party with an appropriate Authorization, it will be date stamped and scanned into the patient record. The original document will be validated, authenticated and shredded according to policy.
M. Authorization Form

Illinois State University, Eckelmann-Taylor Speech and Hearing Clinic

AUTHORIZATION

(Illinois Provider)

Purpose: This form is used to authorize us to use or disclose protected health information or another person to disclose protected health information to us for the purpose stated.

SECTION A: Individual authorizing use and/or disclosure.

Name: ___________________________ E-mail: ___________________________

Street Address: ______________________ City, State, Zip: ______________________

Telephone: __________________________

SECTION B: The use and/or disclosure being authorized.

Protected Health Information to Be Used and/or Disclosed: Specifically and meaningfully describe the protected health information you are authorizing be used and/or disclosed. Check and initial if applicable:

☑ Speech Pathology Initial: _____

☑ Audiology Initial: _____

☑ Billing Records Initial: _____

☑ Other (please specify): __________________________________________

Entities Authorized to Use or Disclose: Name or specifically describe the persons and/or organizations (or the classes of persons and/or organizations), including us, who you are authorizing to make use of and/or to disclose the protected health information described above:

Eckelmann-Taylor Speech and Hearing Clinic

Campus Box 4720, Normal, IL 61790-4720

Entities Authorized to Receive: Name or specifically identify the persons and/or organizations (or the classes of persons and/or organizations), including us, to whom you are authorizing the disclosure and subsequent use of the protected health information described above:

__________________________________________

__________________________________________

Purpose of this Authorization:

☑ At request of individual. ☐ For the following purposes (please be specific):

__________________________________________

__________________________________________

No Conditions: This authorization is voluntary. We will not condition your treatment on this authorization. If you are temporarily prohibited from completing and signing this authorization for religious reasons, you will not have to do so at this time, but will complete it as soon as you are able to do so.

Effect of Granting this Authorization: The protected health information described below may be disclosed to and/or received by persons or organizations that are not health plans, covered health care providers or health care clearinghouses subject to federal health information and confidentiality laws. They may further disclose the protected health information, and it may no longer be protected by federal health information privacy and confidentiality laws. However, any mental health, substance abuse, genetic testing, or HIV/AIDS information disclosed pursuant to this authorization may not be further disclosed except pursuant to your authorization.

If you are authorizing the disclosure of psychological tests, such tests may only be disclosed to a psychologist that you have designated.
SECTION C: Expiration and revocation.

Expiration: This authorization will expire (complete one):

☑ On _____/_____ /_________

☐ On occurrence of the following event (which must relate to the individual or to the purpose of the use and/or disclosure being authorized):

____________________________________________________________________________________

Right to Revoke: I understand that I may revoke this authorization at any time by giving written notice of my revocation to the Contact Office listed below. I understand that revocation of this authorization will not affect any action you took in reliance on this authorization before you received my written notice of revocation.

Contact Office: Office Manager, Eckelmann-Taylor Speech and Hearing Clinic

Telephone: (309) 438-0020

Fax: (309) 438-0575

E-mail: ttlehr@illinoisstate.edu

Address: Campus Box 4720, 211 Rachel Cooper, Normal IL 61790-4740

INDIVIDUAL’S SIGNATURE.

I, ____________________________________________, have had full opportunity to read and consider the contents of this authorization, and I understand that, by signing this form, I am confirming my authorization of the use and/or disclosure of my protected health information, as described in this form.

Signature: ___________________________________________ Date: ___________________________

If this authorization is signed by a personal representative on behalf of the individual, complete the following:

Personal Representative’s Name: _______________________________________________

Relationship to Individual: _______________________________________

If this authorization is for mental health records, this authorization must be witnessed below.

Witness: ___________________________________________

Signature: ___________________________________________

Name: ___________________________________________

Date: ___________________________________________

Mail or Fax completed form to:
Eckelmann-Taylor Speech and Hearing Clinic
Campus Box 4720
Normal, IL 61790-4720
Phone: (309) 438-8641
Fax: (309) 438-0575

YOU ARE ENTITLED TO A COPY OF THIS AUTHORIZATION AFTER YOU SIGN IT.
Include this authorization in the individual’s records.

For Office Use ONLY:
Signature verified by: ☐ Witness ☐ Comparison
Recipient ID verified by: ☐ Driver’s License # ______________________ ☐ ISU ID

Date released: _______ Released by: _______
N. Protection & Destruction of Paper Records

In the course of providing services to patients, a variety of original paper documents may be generated. These may include, but are not necessarily limited to: test protocols, speech and language sample transcriptions, patient surveys, case history information, parent or patient generated notes, etc. Any such documents containing sensitive information and/or patient health information must be scanned into PnC as a permanent part of the patient record and then validated, authenticated and destroyed according to policy. Documents that can be viewed as raw data, contain no protected health information, and are no longer needed must be destroyed according to policy.

Authentication and Validation
After paper documents, generated during the course of providing services to patients, are scanned into PnC, they will be placed in a locked cupboard to be held for validation and authentication. One hundred percent of such documents will be validated and authenticated. This process will be completed by a minimum of two persons. The first person scans the document into PnC. The second person completes:

1. Authentication – opens scanned document in PnC, and confirms that the original document matches the document scanned.
2. Validation – confirms that the document has been scanned into the correct patient’s chart, in the correct category, and that it is complete and legible

When authentication and verification are complete, the second person places date, time and initials on the document. It is then placed immediately into a locked, recycle bin for destruction by COPS, a security firm hired by the University for this purpose.

Certain patient documents must be sent home with the patient at the time service delivery. These include documents that are generated during the clinical process, such as the Quality of Service Guarantee, Quality Assurance Checklist, Hearing Aid Purchase Agreement, or brought to the clinic by the patient at the time of service (i.e.: Public Aid Card, records from outside sources). Since these documents cannot be retained for later authentication and validation, they must be scanned and then immediately authenticated and validated by another qualified third party in the clinic office before being returned to the patient.

Retention and Destruction of Paper Records
1. For all patients predating June, 2013 (pre-PnC), keep paper file in archives (in Fairchild Hall or elsewhere on campus) until such time as they can be disposed of according to state, federal, and university policy. Scan original diagnostic and therapeutic reports and all documents from the past year into the electronic record for everyday use.

2. For all new clients, keep originals in working file until report is ready to be finalized. Scan all original documents, authenticate, validate, and destroy paper records.

3. Destruction of paper records containing PHI will be completed by COPS. Locked, confidential recycle bins will be kept in the Clinic Office and in the PnC Lab. When they are ready to be destroyed, all paper records containing PHI that have been properly scanned, authenticated and validated, and those which are printed from patient records for use in the clinical process should be placed in a locked, confidential recycle bin. When full, office staff will contact Facilities staff to request that the bins be emptied according to COPS protocol. There is no other approved method of disposing of paper records.
O. Multidisciplinary Conference team (MDC)

Speech Language Pathology and Audiology supervisors and graduate students are members of the Multidisciplinary Conference (MDC) team affiliated with the Psychological Services Center (PSC). The PSC receives patient referrals for clinical assessments. The PSC obtains a consent to release information at the initial parent interview. This consent allows anyone on the team to discuss the patient's record. Team meetings are held each week to share and review information that has been collected by the committee. All MDC meetings will be held in a secure area in the Speech and Hearing Clinic. At the initial meeting if it is determined that speech, language, or hearing services are required, the patient will be contacted by the Speech and Hearing Clinic office staff to complete the typical intake process for all patients.

At subsequent meetings clinical supervisors and graduate students from the speech and hearing clinic will verbally present their assessment results and recommendations for treatment. The MDC committee members will do the same. Any printed materials are subject to the approved paper handling process. The final report addressing speech, language, and hearing results will be completed in PnC and a printed copy sent only to those persons for whom written consent has been obtained.

P. Observation Policy

There are two Observation Centers (OCs) located in the Eckelmann-Taylor Speech and Hearing Clinic. One is the Parent OC located in Fairchild Hall, 211-C, and the other is the Student OC located in Fairchild Hall, 208-E. The Student OC contains four observation stations and the Parent OC contains six observation stations. Each station consists of a TV monitor, VCR/DVD, and a headphone. The purpose of the OCs is to provide controlled audio and video observation of both live and previously recorded therapy sessions. The Parent OC is to be used by clinical supervisors and family members only. The Student OC is to be used by clinical supervisors, student clinicians, and student observers who are enrolled in designated courses.

Each observation station can be set to view any treatment room. The specific treatment room is selected via the VCR/DVD unit in the same way you would select a commercial TV channel. No one should try to operate the equipment if he or she is unfamiliar with VCR/DVD operation. Supervisors will ensure all observers can correctly operate the VCR/DVD unit.

General Policies for Students:
1. All observations, regardless of the observer, must be approved and coordinated by the patient’s supervisor.
2. Observations are restricted to patient(s) designated by the supervisor in order to maintain confidentiality.
3. Generally, the observer will be expected to observe the full session to make sure that maximum understanding of the session is achieved.
4. During times when multiple observers are present, all audio transmissions should be via headphones (not monitor speakers).
5. If more than one observer is present in the observation center, verbal discussion between observer and supervisor/clinician should not be conducted. Move to a private area if discussion is necessary.

General Policies for Family members:
1. Family members may observe in the clinic by invitation of the supervisor/clinician only.
2. Each family member who wishes to observe will be given a copy of the Observation Policy for Family Members, a handout designed to protect patient privacy. (See next section.)
3. In order to maintain an appropriate clinical and educational environment, family members will be asked to make arrangements for the care of sibling children during scheduled observations. If this is not possible, observation should be postponed until proper arrangements can be made. Children will only be admitted to the OC if they are to observe sibling therapy to enhance goals and objectives of therapy at home.
Observations by Students Enrolled in CSD Courses
1. Course instructors may arrange observations by first contacting the appropriate Director of Clinical Experiences to ensure the observations are timely and that appropriate clients are selected. Arrangements and/or notification of individual supervisors will be conducted by the Director of Clinical Experiences.
2. Course instructors are responsible for ensuring that observers have been properly trained in confidentiality requirements and operation of the equipment. Privacy and confidentiality training can be arranged through the Clinic Director.
3. All students observing must have a signed confidentiality agreement on file with the Clinic Director.
Q. Observation Policy for Family Members

It is the goal of the Eckelmann-Taylor Speech and Hearing Clinic to provide the best possible services to clients while maintaining an excellent educational experience for graduate and undergraduate students in Speech-Language Pathology and Audiology. It is also important that we maintain a professional environment that protects the privacy of our clients. In order to achieve these goals, we ask all individuals who observe in our clinic to respect the following policies:

1. The Parent Observation Area is available to parents and family members of our clients.
2. The Student Observation Area is reserved for use by undergraduate and graduate students in the Department of Communication Sciences and Disorders.
3. Your clinician or supervisor will direct you to the correct room number for your family member’s services. Please restrict your observations to this room.
4. No food or drinks are allowed in the observation area.
5. Cell phones may not be used in the observation area.
6. Due to limited space, parents are discouraged from bringing children into the observation area. However, when it is necessary, parents are asked to provide close supervision. We provide books and quiet toys to assist in entertaining them, and appreciate your efforts in helping us maintain a clean, quiet, professional observation environment.
7. Monitors and DVD players should remain on at all times. Directions for adjusting volume and changing between rooms are provided in the observation area. Please make no other adjustments to the equipment.

Thank you for your cooperation. If you have any questions regarding this information, or would like to express a concern relative to the environment we have provided, please contact your clinician’s supervisor or our Clinic Director:

Heidi Verticchio, MS, CCC-SLP
Room 211, Rachel Cooper
Illinois State University
309/438-3266
hrfritz@ilstu.edu
Lack of a solid security awareness and training program increases the likelihood that a workforce/ex-workforce member may breach patient privacy or confidentiality. All supervisors, clinicians, observers and staff who are active in the clinic and/or are authorized to access patients’ PHI in any form shall receive privacy and confidentiality training prior to accessing PHI or interacting with patients in the clinic. Initial training shall include but not be limited to information pertaining to:

- The Health Insurance Portability and Accessibility Act, its requirements and provisions;
- Privacy and confidentiality policies and practices specific to the Eckelmann-Taylor Speech & Hearing Clinic
- Privacy and confidentiality violations and related sanctions
- Procedures for reporting suspected privacy or confidentiality violations

All authorized persons shall complete training on an annual basis. Following the initial training, annual training shall include a review of previously presented content and privacy and confidentiality updates as needed.

Privacy and confidentiality training shall be provided by the Clinic Director. Successful completion of confidentiality training will be documented on a Privacy and Confidentiality Training Acknowledgment form, which will be maintained as a record in the Director’s office. A copy of the current training document, in Powerpoint form is included as an appendix to this manual.

S. Sanctions For Privacy Violations

Patient privacy is a high priority at the Speech and Hearing Clinic. Unauthorized release of patients’ confidential and/or PHI is taken seriously. If any faculty or staff member, or any student observes or has knowledge of any unauthorized release of confidential/PHI from the Clinic, they must immediately report this to the Clinic Director, who functions as the Privacy Officer for the Clinic. Failure to do so may result in discipline for failure to report the violation.

Members of the health care component workforce, (which includes faculty, staff, and students in the Clinic) with access to PHI are subject to this policy. Individuals who violate privacy and confidentiality policies and/or procedures, the requirements of the Health Insurance Portability and Accountability Act (HIPAA), the Family Educational Rights and Privacy Act (FERPA), or any applicable regulations/laws may be subject to sanctions, up to and including discharge.

If a violation is reported or suspected, the Clinic Director will consult with the Department Chairperson, Director of Clinical Experiences, Clinical Supervisor, or others as appropriate, to determine whether the individual with access to PHI may have violated any of the above mentioned rules, regulations, or procedures concerning confidentiality and patient privacy. The Clinic Director will then notify the University Privacy Officer of the alleged violation. The University Privacy Officer is responsible for determining if a healthcare provider or member of the Illinois State University workforce has violated applicable policies and procedures for maintaining the privacy and confidentiality of PHI. If a violation is found, the Privacy Officer will report the violation to the Sanction Recommendation Committee, consisting of each Director of any Unit in the healthcare component. This committee will recommend a sanction to the appropriate sanctioning body for further action. (i.e. for employees the sanction will be recommended to Human Resources; for students the sanction will be recommended to Department Chairperson of the academic department).

Contact: University Privacy Officer (309-438-8711)
T. Privacy and Confidentiality Training Acknowledgement

Purpose: This form is used to certify completion of privacy and confidentiality training by a workforce member.

SECTION A—Workforce member trained.

Name: ___________________________________ Department: ________________________________

Job Title: ___________________________ Work Address: ________________________________

Date privacy and confidentiality training completed: ____________________ Training hours: ______

Reason for privacy and confidentiality training: As a member of the Illinois State University, Health Component Workforce HIPAA training and annual retraining is required.

SECTION B—Workforce member’s training acknowledgement.

I have completed the Department’s privacy and confidentiality training, and understand that information concerning patients and/or staff is confidential and is not to be disclosed to any person or entity without appropriate authorization, subpoena or court order. As a condition of my enrollment as a student in the Department of Communication Sciences and Disorders, I agree not to directly or indirectly disclose said information without proper authority and specifically agree with the following requirements:

1. I will avoid any action that will provide confidential information to any unauthorized individual or agency.
2. I will not review clinic records or information for which I have no authorization.
3. I will not make copies of any clinic records or information except as specifically authorized.
4. I will not remove clinic records or confidential information from the facility except as authorized in the performance of my duties.
5. I will not discuss in any manner, with any unauthorized person, information that would lead to identification of individuals described in the clinic record or confidential material.
6. When authorized to dispose of clinic records or confidential information, I will do so according to the policies contained in Section 4 of this manual.
7. If I observe unauthorized access or divulgence of confidential records or information to other persons, I will report it immediately to my supervisor who will report it to the Clinic Director. I understand that failure to report violations of confidentiality by others is just as serious as my own violation.

I understand that Protected Health Information (PHI) as defined under HIPAA includes individually identifiable health information including demographic information collected from an individual, which is created or received by a health care provider, health plan, employer, or health care clearinghouse; and which relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual. It pertains to information that identifies the individual or could be used to identify the individual, including:

1) name and address, 2) date of birth, 3) social security number, 4) payment history, 5) account number, 6) name and address of the health care provider and/or health plan, and 7) any combination of information about a client that could identify them.

As an employee, breach of confidentiality may be cause for sanctions, including possible immediate suspension without pay pending investigation of incident. As a student, breach of confidentiality may be cause for sanctions including termination from the program or University.

I have read this agreement and the confidentiality policies of this facility and will demonstrate my understanding and willingness to abide by these policies and procedures by affixing my signature and the date below.

Printed Name: ___________________________ Title: ________________________________

Signature: ___________________________ Date: ___________________________

SECTION C — SIGNATURE OF PRIVACY INSTRUCTOR.

I attest that the above information is correct.

Signature: ___________________________ Date: ___________________________

Print name: Heidi Verticchio, MS, CCC-SLP Title: Department Privacy Officer
U. Federal Educational Rights and Privacy Act (FERPA)

The Eckelmann-Taylor Speech and Hearing Clinic maintains non-student records under HIPAA and applicable State of Illinois and federal laws. Student Records are maintained in accordance with the Family Educational Rights and Privacy Act (FERPA) and applicable State of Illinois and federal laws. HIPAA, FERPA, and State of Illinois policies are all addressed in this manual.

Records that are subject to FERPA are not subject to the HIPAA Privacy rule (see page 82483, Federal Register, December, 28, 2000). However, the clinic is considered to be a “covered entity” under the HIPAA Privacy Rule, so other HIPAA rules may apply.

Student medical treatment records at post-secondary institutions are exempt from the definition of education records as long as they are:

- Made and maintained by a medical professional
- Used only in connection with the treatment of the student and;
- Disclosed only to individuals providing treatment.

FERPA does not prevent the sharing of these records with other school officials, but doing so could make them education records.

Students are given three primary rights under FERPA. They have the right to:

- Inspect and review their education records.
- Have some control over the disclosure of information from their educational records
- Seek to amend incorrect education records. All such amendment requests are made to the University Registrar.

The Office of the Registrar at Illinois State University publishes the Annual Notice of FERPA Rights in both the Undergraduate and Graduate Catalogs. In addition an email is sent to all students covering these rights in the Fall semester.

Information Guide on FERPA

The Office of the Registrar at Illinois State University provides information on FERPA online at http://www.registrar.ilstu.edu/ferpa/

Disclosure Exceptions Examples

Include but are not limited to the following: to comply with a judicial order or subpoena, in a health or safety emergency, release of directory information, to accrediting organizations.
PART VI: CLINIC MATERIALS CENTER

Graduate students who are enrolled in clinic will be expected to know the proper way to check materials in and out of the Materials Center. In addition, clinicians are responsible for staffing the Clinic Materials Center. Each clinician must understand and put into practice the following policies and procedures regarding the Clinic Materials Center.

A. Staffing

The Materials Center will be staffed by student workers and/or graduate assistants. In the event that the total number of hours cannot be filled by these students then the clinicians enrolled in their first year of clinic will be responsible for staffing the Materials Center 1-2 hours weekly. Your specific time slot will be included on your clinic schedule. If you are unable to work as scheduled, you should notify the supervising Office Support Staff (OSS) person immediately. If you cannot fulfill your obligation on a particular day, you are responsible for finding a substitute and notifying the Clinic Office and/or the OSS of the situation.

B. Policies

1. Please honor the reserve list for all materials.
2. All students and faculty members must have their University ID card in order to check out materials.
3. Items should not be checked out until you are ready to use them and returned as soon as you are finished with them. For example, 10 minutes before and after scheduled session is reasonable.
4. Items may not be checked out for more than three hours and should not be taken from the clinic area. All items must be returned on the day they are borrowed. Exceptions are students who have been approved for overnight check out by their supervisor. In these cases, the supervisor will initial the checkout card prior to the item being released. Items must be returned by 8:30 a.m. the following day or by 8:30 a.m. on the date indicated on the initialed check out card.
5. To check out items for class for off-campus practicum, rather than clinic, please have teacher/supervisor contact the Director of Clinical Experiences –SLP to make special arrangements.
6. No one may check out or transfer items for anyone else. Even if someone else needs the item, the responsibility for that item is yours, until it is returned and the other person checks it out.
7. If an item is not returned in 24 hours, the clinician is responsible for paying for replacing the item. Your supervisor will be informed, which may impact your clinic grade, and you may lose the right to borrow items from the Materials Center.
8. PLEASE notify a staff member, of equipment or materials found to be damaged, do not work properly, or have parts missing, so items can be repaired or replaced.
9. Items will not be checked out to persons outside the department unless prior approval and arrangements are made with the Director of Clinical Experiences-SLP.
10. If you need access to the Materials Center when it is locked, you should see your supervisor or go to the Department or Clinic Office to request a key.
11. Faculty will follow all policies for the borrowing of materials from the Materials Center.
12. Requests by faculty or students for exceptions to these policies should be written and given to the OSS or the Director of Clinical Experiences -SLP, for consideration.
C. Reserving Materials
To reserve a material, a test or some equipment, be sure to complete the information in the Reserve Book located on the counter. You must check to be sure no one else has requested it for the same time period, and you must note whether it needs to be returned by a certain time, for another clinician.

D. Reserve List For Materials Center Items

<table>
<thead>
<tr>
<th>DAY</th>
<th>TIME</th>
<th>ITEM</th>
<th>CLINICIAN</th>
<th>ROOM NO.</th>
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E. Check-Out and Return Procedures

Every clinician and faculty member must have their University ID card in order to check out using the scanning system. The scanning system keeps track of who is checking out, what items they are checking out, and when they are due back. It also produces an overdue report for items that are not returned on time.

**To check out items:**
Reminder: To be sure a material is not already reserved; check the Reserve Book before checking out materials.

<table>
<thead>
<tr>
<th>CLINICIAN</th>
<th>STAFF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Take out your University ID card.</td>
<td>1. Make sure the “Check Out” tab is clicked on the Scanning System.</td>
</tr>
<tr>
<td>2. Place all objects that you are checking out on the counter.</td>
<td>2. Scan the University ID card.</td>
</tr>
<tr>
<td>3. If checking out overnight, fill out the appropriate check out cards and obtain a signature from a supervisor.</td>
<td>3. Scan each item individually and enter the date that the item is expected to be returned.</td>
</tr>
</tbody>
</table>

**When you return the items:**

<table>
<thead>
<tr>
<th>CLINICIAN</th>
<th>STAFF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Place item(s) on counter &amp; give staff University ID card.</td>
<td>1. Make sure the “Check In” tab is clicked on the Scanning System.</td>
</tr>
<tr>
<td>2. Return all items to their appropriate location.</td>
<td>2. Scan the University ID card.</td>
</tr>
<tr>
<td></td>
<td>3. After accounting for an item click the “Check In” button, until all items are accounted for.</td>
</tr>
</tbody>
</table>

**Tests and Equipment---Check out and return procedure:**

<table>
<thead>
<tr>
<th>CLINICIAN</th>
<th>STAFF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Request desired item(s) from staff.</td>
<td>1. Pull requested item(s), while clinician is completing the large/white generic check-out card.</td>
</tr>
<tr>
<td>2. Complete the large/white generic check-out card—including: name, date and description of item(s). See example on the bulletin board.</td>
<td>2. Place this card in the bin/area from which the test was removed.</td>
</tr>
<tr>
<td>NOTE: If you do not wish to take the whole test—list each component that you will check out.</td>
<td></td>
</tr>
<tr>
<td>3. Take out your University ID card. Please do not leave until after the Materials Center staff member scans your ID and the test items/equipment.</td>
<td>3. Scan the clinician’s/faculty’s University ID and the test items/equipment. Enter in the date the item is expected to be returned.</td>
</tr>
</tbody>
</table>
Faculty Only:
Occasionally teaching and supervisory faculty have instructional items (books, printed material, etc.) that need to be checked out by class members. A special area is set aside to house such items. Please follow these guidelines:

1. When possible, such items should be placed in a container so that only one unit needs to be handled by the staff member. The container should be labeled by course instructor, course number and description of materials. Individual items (books, printed materials etc.) should be placed in a single container also and each item should be labeled for efficient filing back into the container.
2. Provide a class list so that the staff member can verify who is allowed to have the materials.
3. Explain procedures to class members, including the overdue policy.
4. No items will be available for classroom use after the close of the clinic each semester. This time is needed for inventory and update of materials.

F. Closing the Materials Center

1. Staff member will determine if all items have been returned by checking the Materials Monitor.
2. Staff member will place a reminder in your clinic mailbox if you have not returned all items

NOTE: If the item is not returned in 24 hours, you are responsible for paying for the item. Your supervisor will be informed (which may impact your clinic grade) and you may lose the right to borrow items from the Materials Center.

G. Check Out Policy for Professionals Not Employed by CSD Department

We are happy to allow professionals who are not members of the ISU Speech and Hearing Clinic faculty/staff to check out evaluation materials from the Materials Center. The policy for doing so is as follows:

1. Please initiate the process by contacting a current member of the ISU Speech and Hearing Clinic faculty/staff to inquire as to the possibility of checking out specific evaluation materials.
2. A reservation book is maintained in the Materials Center. Be sure that the material requested has not been previously reserved for the time desired. If all copies of the material have been reserved for any period within the time for which you are requesting the material, it may not be checked out. If the material is not reserved, then it may be checked out.
3. To check a material out, please complete the check-out card using the example on the bulletin board as a sample. In addition, complete “Materials Check-Out Form”. These forms can be found in the back of the reservation book in the Materials Center.
4. Two lists are found in the front of the reservation book as well as on the wall behind the counter in the Materials Center. One list contains those items for which we have duplicates. The other list contains items for which we have only one copy. Those items for which we have duplicates may be checked out for one week. Those items for which we only have one copy may be checked out for 48 hours.
H. Family Lending Library

Certain books, pamphlets, brochures and materials are available to be checked out to clients and families as augmentation to treatment. Most of these materials are in a special cabinet in the Clinic Materials Center. Inform Materials Center clerk when supply is low.

1. Items may be checked out for a period of two weeks unless an exception is approved by the supervisor.
2. Items may be checked out by the clinician or the supervisor, using the appropriate Clinic Materials Center procedure. Clients and family members may not check out items themselves.
3. It is the responsibility of the clinician and supervisor to inform the client or family member about the return dates and policies.
4. Certain items are available to give to clients or families and do not need to be returned. The supervisor will determine whether items will need to be returned.

I. Materials Check-Out Form

| For use by office-campus sites and persons using tests and materials owned by ISU’s Eckelmann-Taylor Speech and Hearing Clinic |

The items listed below have been checked out by:

Name: ___________________________ School/Agency: ___________________________
Address: ___________________________ Phone: ___________________________

Current Date: _______________ Expected Return Date: _______________

Return Date: _______________________

Items Borrowed:

1. ___________________________________________________________
2. ___________________________________________________
3. ______________________________________________________________

Signature: _________________________________________________________________________________________

Supervisor/Faculty Signature: ___________________________________________________________________

NOTE: This form may NOT be used to check out equipment with ISU metal ID tag. You must use form from the Department Office
PART VII: REQUIREMENTS FOR CLINICIANS

A. Eligibility for Clinical Practicum

1. Clinical practicum is only available to graduate students in the department of Communication Sciences and Disorders who are “degree candidates” maintaining a GPA of 3.0 or better. If a student’s major or cumulative GPA falls below a 3.0, they will not be allowed to register for clinic until the cumulative GPA is a 3.0 or better.

2. Student clinicians must have sufficient coursework to qualify for the expected clinical experiences before being assigned clinical practicum.

3. Student clinicians must be able to document 25 clock hours of observation relative to and PRECEDING their initial clinical assignment.

4. Student clinicians must maintain a schedule which provides a reasonable amount of flexible time so that appropriate practicum assignments can be made. This may require modification of personal and work schedules when conflicts develop.

5. Each clinic requires attendance at weekly clinic meetings (as shown in course registration). Excused absences or regular, partial attendance must be approved by the Director of Clinical Experiences. Absences and/or poor performance during clinic meetings will negatively affect the final clinic grade.

6. Because the provision of services in the Eckelmann-Taylor Speech and Hearing Clinic requires access to patients’ Protected Health Information (PHI), all clinicians must complete privacy training covering all rules, regulations, and policies related to HIPAA, HITECH, and patient privacy.

B. Clinician Expectations

1) Therapy/Diagnostic Rooms:
   a. initiate and conclude your therapy/diagnostic session on time
   b. remove materials and equipment immediately upon conclusion of therapy sessions/diagnostic
   c. replace furniture removed for your therapy/diagnostic sessions
   d. clean table top with provided cleansers

2) Test and Therapy Materials:
   a. sign out test materials from the Materials Room Fairchild Hall 201.
   b. return materials to their proper locations as soon as you are finished with them

3) When you conclude your session with a child, if the child’s parent or person who brought the child is not in the clinic area, do not leave the child to wait alone. Either:
   a. ask another clinician to remain with the child, or
   b. notify your supervisor. Under no circumstance should you leave the child unattended.
4) Missing a therapy or diagnostic session is a serious matter. If you find you must miss a session (for illness or serious family matter), you must:
   a. notify an office staff member who in turn notifies the supervisor.
   b. for therapy, your supervisor will make a decision about whether or not the patient is to be cancelled. If so, s/he will either make the call or ask the office staff to do so.
   c. for speech-language diagnostics, call the clinic office staff and they will notify the supervisor. The supervisor will follow-up with the patient as needed.
   d. For audiology diagnostics, students are required to make every attempt to find another clinician to cover the clinical assignment. The assigned clinician is responsible for finding a replacement clinician and notifying the supervisor of the absence and who will be the replacement clinician.
   e. Determining what constitutes an excused absence is at the discretion of the supervisor/DCE.

5) As a student clinician, you should maintain a high level of professionalism

6) Client privacy is a high priority at the Eckelmann-Taylor Speech and Hearing Clinic at Illinois State University. We take unauthorized release of our clients’ confidential and/or personal health information seriously. All students must abide by the policies and procedures outlined in Section 5 of this manual. In addition, any student of the Department of Communication Sciences and Disorders who observes or has knowledge of any unauthorized release of confidential/protected health information from the Speech and Hearing Clinic, must immediately report this to the Clinic Director, who functions as the Privacy Officer for the Department. Failure to do so may result in discipline for failure to report the violation.

7) Accepting Gifts: From time to time, clients express their appreciation for services by giving gifts or cash to clinicians. Accepting small gifts (e.g. under $10.00) is allowed; however, more expensive gifts or any amount of cash should not be accepted. Explain to the client that it is unethical for you to be paid for services rendered as long as you are not ASHA certified. If they wish to express their gratitude monetarily, encourage them to make a cash donation to the University Foundation and designate it for the Eckelmann-Taylor Speech and Hearing Clinic.

C. Supervisor Expectations

1) All supervisors will hold and maintain the required licenses and certificates necessary for legal and ethical practice. For Speech-language Pathology, this means a license in the state of Illinois, a valid certificate from the Illinois State Board of Education, and a Certificate of Clinical Competence from the American Speech-Language-Hearing Association. For Audiology, this means a license in the state of Illinois, and a Certificate of Clinical Competence from the American Speech-Language-Hearing Association.

2) Supervisors are expected to adhere to the ASHA guidelines for supervision as expressed by the Council on Academic Accreditation.

Minimum requirements include the following for SLP:
Supervision of clinical practicum is intended to provide guidance and feedback and to facilitate the student's acquisition of essential clinical skills. The 25% supervision standard is a minimum requirement and should be adjusted upward whenever the student's level of knowledge, skills, and experience warrants.

Minimum requirements include the following for AUD:
Supervision must be sufficient to ensure the welfare of the patient and the student in accordance with the ASHA Code of Ethics. Supervision of clinical practicum must include direct observation, guidance, and feedback to permit the student to monitor, evaluate, and improve performance and to develop clinical competence. The amount of supervision must also be appropriate to the student's level of training, education, experience, and competence.

3) Supervisors are expected to have regular conferences throughout the semester with each supervisee. These may be group or individual conferences.

4) Supervisors are expected to comply with ASHA’s code of ethics and to maintain a high level of professionalism relative to client management and supervisor/supervisee interactions. The supervisor who is overseeing a client’s management (therapy or diagnostic) is the manager of that client and remains the manager until the client is assigned to another supervisor. At any time, the manager has the freedom to consult with other supervisors concerning the management process but is ultimately responsible.

5) Supervisors are expected to be familiar with the clinic manual and to assist students in implementing policies and procedures as indicated.

6) Supervisors are expected to be present in the clinic area anytime they have a clinician seeing a client for therapy, diagnostic, or conferences. If a supervisor cannot be present, s/he will arrange for another supervisor to cover the services and will notify the student of the alternate coverage plan.

7) Client privacy is a high priority at the Eckelmann-Taylor Speech and Hearing Clinic at Illinois State University. We take unauthorized release of our clients’ confidential and/or personal health information seriously. All supervisors must abide by the policies and procedures outlined in Section 5 of this manual. In addition, any supervisor who observes or has knowledge of any unauthorized release of confidential/protected health information from the Speech and Hearing Clinic, must immediately report this to the Clinic Director, who functions as the Privacy Officer for the Department. Failure to do so may result in discipline for failure to report the violation.

D. Clinic Materials Fee

Clinic material fees are assessed automatically with registration fees. These fees are used to purchase and maintain support items (tests, forms, therapy and diagnostic items, various handouts, equipment, and other supplies) associated with the provision of clinic services by student clinicians. The fees also support some of the cost of materials and handouts associated with part-time external assignments and internships.
A separate fee is assessed for each practicum course and the fee is the same, regardless of number of credit hours. Although every attempt is made to keep fees as low as possible, they are reviewed periodically and adjusted as needed.

**E. Student Recording Permission Form**

The supervision and training needs of the clinic make use of audio and video tape recordings. For example, a supervisor and a graduate clinician might want to review a clinical session for the purpose of critiquing the graduate student’s performance or to double check the written recording of certain speech patterns. Additionally, faculty members might play portions of audio or videotapes of clinical sessions during classroom sessions for educational purposes such as demonstrating certain speech patterns or clinical techniques to students. Use of any audio or video recordings is restricted to faculty, staff, and student clinicians of the Illinois State University Department of Communication Sciences and Disorders. Beyond this restriction, no information will be given to other persons or agencies unless the clinic obtains a signed release of information form from you, or unless a lawfully issued subpoena or court order is received for any such information.

Authorization is granted ____/ not granted ____ to the Eckelmann-Taylor Speech and Hearing Clinic for audio and/or videotaping of the diagnostic and/or therapy sessions in which I participate and for use of these audio and/or videotapes for educational purposes within the Department of Communication Sciences and Disorders only.

__________________________________   __________________________________
Name – please print                     Signature

___________________________
Date
F. Student Clinician Healthcare Requirements

Student clinicians must provide the Director of Clinical Experiences with official written documentation of the following requirements during the first nine weeks of the first enrollment in clinical practicum. These requirements are necessary for admission into most educational and medical internship sites. They are also important for disease/infection control in the Eckelmann-Taylor Speech and Hearing Clinic. Much of the documentation may be obtained from the ISU Health Service or your own personal school and medical records. Current physical exams are available through the ISU Health Service.

**Required:**

1. **MMR (Measles, Mumps, and Rubella):** Two doses of MMR separated by more than one month on or after the first birthday.

2. **Varicella Zoster (Chicken Pox) immunity testing:** For those without proof of vaccination.

3. **Hepatitis B immunization series**

4. **Tuberculosis:** TB test or a negative two step Mantoux (5-TU intradermal PPD)

5. **Certificate of Health:** documented by recent (within one year) physical examination.

6. **Occupational Exposure to Bloodborne Pathogens:** OSHA requires all employers to ensure that all employees with occupational exposure to bloodborne pathogens participate in a training program for exposure control. This requirement is extended to student clinicians by the ISU Speech and Hearing Clinic and most external practicum sites. Annual training is offered each fall and spring as a part of scheduled clinic meetings.

7. **Criminal Background Check:** ISBE will not issue a teaching certificate to anyone who has been convicted of first degree murder, class X felony, or certain enumerated narcotics and/or sex offenses. Many employers of speech-language pathologists and audiologists have similar policies. ISU requires students to complete a two-step procedure that includes signing an Assessment of Legal and Ethical Conduct form early in the graduate program, and submitting to an Illinois State Police and an FBI Fingerprint Criminal Background Check before initiation of full-time internships.

8. **CPR:** Students must have certification before beginning clinical work at the Eckelmann-Taylor Speech and Hearing Clinic, and certification must remain current throughout their internship placements.

**Strongly recommended but not required:**

1. dt Tetanus booster every 10 years
2. Influenza vaccine – yearly
G. Immunization/OSHA Training Verification

ECKELMANN-TAYLOR SPEECH AND HEARING CLINIC
Department of Communication Sciences and Disorders
4720/Illinois State University
Normal, Illinois  61790-4720

Student Clinician: ____________________________ Date: ________________

This notice serves as documentation that the above named student clinician has provided the Director of Clinical Experiences at ISU’s Eckelmann-Taylor Speech and Hearing Clinic with written verification of the following requirements:

Required:

☐ Immunization Record
☐ MMR (Measles, Mumps, and Rubella): Two doses of MMR separated by more than one month on or after the first birthday.
☐ Varicella Zoster (Chicken Pox) immunity testing: For those without proof of vaccination.
☐ Hepatitis B immunization series
☐ Tuberculosis: TB test or a negative two step Mantoux (5-TU intradermal PPD)
☐ Certificate of Health: documented by recent (within one year) physical examination.
☐ Occupational Exposure to Bloodborne Pathogens: OSHA requires all employers to ensure that all employees with occupational exposure to bloodborne pathogens participate in a training program for exposure control. This requirement is extended to student clinicians by the ISU Speech and Hearing Clinic and most external practicum sites. Annual training is offered each fall and spring as a part of scheduled clinic meetings.
☐ CPR Certification
☐ Criminal Background Check
  ☐ Assessment of Legal and Ethical Conduct form
  ☐ Illinois State Criminal Background Check
  ☐ FBI Criminal Background Check

Strongly recommended but not required (and may be required by internship sites):
☐ dt Tetanus booster every 10 years
☐ Influenza vaccine - yearly

__________________________________________
Director of Clinical Experiences
**H. Criminal Background Check Policy**

The State Board of Education will not issue a teaching certificate to anyone who has been convicted of first degree murder, a Class X felony, or certain enumerated narcotics and/or sex offenses. Many other state and healthcare agencies have similar regulations/policies which prevent individuals convicted of such offenses from practicing in these settings. Individuals who have been convicted of other, lesser offenses, may be able to obtain an Illinois Certificate, but must meet a specific set of rules designed to insure the individual has good character and that any rehabilitation outweighs the offense (see www.ilsbe.org). Certain internship sites (particularly schools and medical facilities) will not accept students who have certain criminal convictions.

The Department of Communication Sciences and Disorders requires a two-step procedure to review if candidates for graduation are also eligible to complete internship assignments and obtain all necessary state and national credentials to practice speech-language pathology and/or audiology. These procedures are not a guarantee that a student will be able to participate and/or pass state and national credentials.

Prior to enrollment in a practicum course (any CSD 408 or CSD 508 course), candidates are required to:

1. Complete an Assessment of Legal and Ethical Conduct form. If a candidate in the graduate program has answered “yes” for any offense listed in 1 through 5C on the assessment form, s/he must contact the Director of Clinical Experiences to determine eligibility for continuation in the program and for certification.

2. Submit to an Illinois State Police fingerprint criminal background check (CBC), and a National Criminal Background Check*. Because these checks expire one year from the process date, students must also submit to a second set of background checks during their final, on-campus semester, prior to beginning their off-campus placements. If at any time a criminal background check reveals any offense for which certification will be denied, the candidate will be barred from completion of the program.

* Note: The FBI Criminal Background Check is not required by ISU at this time, but is required by most school districts in Illinois. You may choose to may submit results of the FBI Criminal Background Check in place of the National Background Check.

Detailed information regarding where and how to complete the CBC process may be found on the College of Education’s Teacher Education website:
http://education.illinoisstate.edu/teacher_education/gateway1/background.shtml

Process
CBC results must be uploaded to your Typhon account prior to beginning the first clinical experience.

Results for the National CBC or FBI CBC will come directly to you and may be immediately uploaded to Typhon.

Results for the Illinois State Police Criminal Background Check will be sent directly to the Teacher Education Center on Illinois State University’s campus within approximately 2 weeks. When they arrive, you will be notified by ISU email to pick up a copy of your CBC. If you are not notified within 2 weeks, contact Jamie Watson in the TEC. Failure to notify may result in paying for an additional CBC. Once you have received your results, they must be uploaded to Typhon.
I. Assessment of Legal and Ethical Conduct

Illinois State University
Department of Communication Sciences and Disorders
Assessment of Legal and Ethical Conduct

Name (Print: last – first – middle)   UID Number   Major

Are you a U.S. Citizen ______ Yes ______ No

(If no, special certification requirements may apply. Please refer to the following website: www.coe.ilstu.edu/cecp/certification 04.htm)

If you answer “yes” for any offense listed in 1 through 5C on the assessment form, you must contact the Clinic Coordinator to determine eligibility for continuation in the program and for teacher certification/licensure status.

1. Have you ever had a teaching certificate or professional license denied, suspended or revoked in any state or country?
   Yes ___ No ___

2. Have you failed to file a tax return with the Illinois Department of Revenue, or failed to pay any tax, penalty, or interest owed or any final assessment of same for any tax as required by law administered by that Department that was not subsequently resolved to the Department’s satisfaction?
   Yes ___ No ___

3. Have you ever been named by a state agency responsible for Child welfare as a perpetrator in an indicated report of child abuse or neglect if such report was not reversed after exhaustion of any appeal?
   Yes ___ No ___

4. Are you in default on an Illinois student loan for which you have failed to establish a satisfactory repayment plan with the Illinois Student Assistance Commission?
   Yes ___ No ___

5. Have you ever been convicted of any of the following:
   a. felony ____________________  ___________________
   b. sex offense  ____________________  ___________________
   c. drug or narcotic offense  ____________________  ___________________
   d. any other criminal offense in any state or in federal court (other than minor traffic violations). If yes, attach a statement concerning the date and nature of offense(s).
   Yes ___ No ___

I have answered these questions to the best of my ability and understand that I am required to submit to a criminal background check during my final on-campus semester, and prior to the initiation of my full-time internship experiences.

I understand that if I have answered “yes” for any offense listed in 1 through 5C on the assessment form, I must contact the Director of Clinical Experiences to determine eligibility for continuation in the program and for certification/licensure.

Signed: _______________________________ Date: _____________________
J. Recognizing and Reporting Child Abuse: Training for Mandated Reporters

All graduate students are required to complete the Department of Children and Family Services’ online training course designed to help all Illinois Mandated Reporters understand their critical role in protecting children by recognizing and reporting child abuse. It can be found at: https://mr.dcfstraining.org/UserAuth/Login!loginPage.action;jsessionid=B5CBD691B164F1F87D46A58B2FF39C

This training includes:
1. A pre-training assessment (13 multiple-choice questions)
2. 60-90 minutes of self-paced interactive training
3. A post-training assessment (13 multiple-choice questions)
4. A Certificate of Completion

When you have completed the training, upload your Certificate of Completion into Typhon.

This training is also required of all Supervisors in the clinic.

Everyone who suspects child abuse or neglect should call the Illinois Department of Children and Family Services Child Abuse Hotline to make a report, but Mandated Reporters are required by law to do so.

K. University Personnel Crime Reporting/Incident Training

The university requires that all employees complete University Personnel Crime Reporting/Incident Training. While graduate clinicians in the CSD Department are not REQUIRED to complete this training, it is highly recommended, as we believe it is in the students’ best interest to be aware of the protective systems that are available, should they encounter criminal activity in the clinic or anywhere else on campus. The training document can be found at:

http://security.illinoisstate.edu/crime_reporting/training.shtml
PART VIII: DIAGNOSTIC PROCEDURES

Graduate student clinicians will be expected to complete diagnostic procedures as a part of their clinical responsibility. Clinicians will work with their supervisor throughout the diagnostic process.

Each student clinician will be expected to understand the diagnostic procedures in this section.

A. SLP Diagnostic Referral and Scheduling Procedures

Graduate student clinicians participate in diagnostics during their final two semesters on campus. Clinicians are assigned in pairs to a weekly, two-hour diagnostic time slot. The time slot and the supervisor remain the same throughout the semester.

Referrals for speech-language diagnostics are received by the clinic office. The office staff completes a *Speech-Language Intake in PnC* and mails the appropriate *Case History Form*. When this form is returned to office, the office staff (OSS) will schedule the diagnostic. *(For office staff communication: When the OSA sends a Case History Form to a potential patient, she will send an IM within PnC to the OSS. The OSS will then add the patient to the SLP Diagnostic Referral List, which indicates potential patients for whom we are waiting for paperwork to be scheduled.)*

When the *Case History Form* is returned to the clinic it is scanned into PnC and an appointment is scheduled in PnC. Regular diagnostics are scheduled for two hours; mini-diagnostics, re-evaluations, and consultations are scheduled for one hour.

At the beginning of the semester, the Director of Clinical Experiences -- SLP schedules all eligible clinicians to specific diagnostic dates and times with a specific supervisor. As a courtesy, the OSS will send a broadcast IM to the supervisor and SLP/AUD clinicians informing them they have been scheduled for a diagnostic. It then becomes the clinicians’ responsibility to check PnC on a regular basis to view assigned diagnostics.

As soon as a patient is scheduled, the student should make an appointment with the supervisor. Diagnostic slots which are not filled within two weeks of the date will be cancelled. No diagnostics will be scheduled with less than two weeks of preparation time remaining without the consent of the supervisor.

The office staff places confirmation calls the evening before the diagnostic is scheduled. Once confirmed, the office staff produces a temporary patient folder and places it in with the following day’s appointment folders. This folder should be used to prepare for the diagnostic. **ALL** paper documents generated for the diagnostic must be kept in this temporary folder, and handled according the patient privacy policies outlined in Section 4 of this manual. **All** patient records/reports are generated within PnC, the clinic’s electronic medical record. Under no circumstances should patient records/reports be generated or stored in any other format or using any other software system.
If for some reason a diagnostic, which had been scheduled, is then cancelled and re-scheduled, the clinicians originally assigned to the diagnostic will be expected to complete the diagnostic as originally planned and discussed with the supervisor.

B. Conducting SLP Diagnostics

When the patient arrives for the diagnostic, they should be directed to check in at the Clinic Office. The Office staff will provide the patient with a copy of the Clinic’s Training/Observation Policy and Privacy and Confidentiality Practices, and obtain signatures on the Training/Observation Form, Notice of Privacy Practice Acknowledgement, and Consent for Treatment forms. These forms will either be scanned into PnC immediately, or placed into the patient’s temporary folder for later scanning. The clinicians should pick up the temporary patient folder from the TO BE SEEN area in the diagnostic cabinet. Keep it with you during the diagnostic. Besides the documents added by the office staff, the folder should also contain a diagnostic check-out form and several patient labels. Take care to insure that the labels remain in the plastic sleeve and do not accidentally get separated from the folder.

The clinicians and supervisor greet the patient. Confirm that the patient has parked and displayed parking permit appropriately. If a parking permit is needed, one can be obtained from the clinic office.

The clinicians and supervisor escort the patient to the therapy room. If the patient is accompanied by a parent or guardian, they may accompany the patient to the therapy room or be escorted to the Observation Center. This will be determined by the supervisor.

At the start of the diagnostic, the supervisor will check the patient in following instructions in the PnC training document. The diagnostic will be conducted according to the plan designed by the clinicians and supervisor.

Immediately following the diagnostic, preliminary results and recommendations will be discussed with the patient, parent, or guardian as appropriate.

The supervisor will assign diagnostic and procedural codes in PnC as appropriate, and discharge the patient. This must be done prior to or at the same time that the client is returning to the Clinic Office, so that charges may be assigned and the patient can be charged the appropriate amount for services performed.

The patient should be escorted back to the Clinic Office to pay their bill and to schedule any follow up appointments that have been recommended. All questions regarding payment should be addressed to the clinic office staff.

If therapy is recommended, this will be indicated in the recommendations on the diagnostic report, and the supervisor should send an IM in PnC to the Director of Clinical Experiences in SLP so that she will be aware of the patient’s desire.
C. Diagnostic Teamwork

As soon as a patient is assigned to you for a diagnostic, contact your team member to arrange a meeting with the supervisor to discuss the case. The clinicians should review the information in the patient’s record in PnC and develop a preliminary diagnostic plan prior to meeting with the supervisor. The supervisor will divide equitably between team members all diagnostic responsibilities, based on past experience, preparation, educational needs, and other factors. Responsibilities include: administration of formal and informal evaluation procedures, spontaneous language sampling, parent interview, data collection, transcription, report writing, etc. Regardless of what formal or informal procedures you are assigned to complete during the diagnostic, you should review and be ready to administer all assessment procedures, in case of emergency.

*Note: Clinical contact hours will be assigned to both clinicians as long as both are actively engaged in the assessment process. The supervisor will determine the number of minutes of actual contact time assigned to each clinician based on activities performed.

D. SLP Diagnostic Report Writing

Following the diagnostic, return the patient’s temporary folder to the supervisor’s HOLD area in the diagnostic portion of the file cabinet.

Write the first draft of the diagnostic report in PnC. When you believe it is ready to be reviewed, save and send it to your supervisor.

Your supervisor will review the report, make suggestions for change as appropriate using a Supervisor flowsheet, and send the report back to you for edits. Repeat as often as necessary until the final draft of the report is approved and signed by your supervisor.

Note: Patients who would like a printed copy of their report should request one in the Clinic Office.
E. Completely-in-the-Canal (CIC) Hearing Aid Waiver

Patients who wish to purchase a CIC hearing aid must sign the following waiver:

I have been informed by ________________________________ that a CIC hearing aid is not the type of amplification that would be best suited for my listening needs. Some reasons for this consideration include the following:

- The CIC may not be powerful enough to meet my hearing needs.
- There may be more difficulties regarding my perception of the volume/quality of my own voice.
- CIC hearing aids cannot provide the benefits of listening in noisy situations that directional microphones can offer. Directional microphones can only be placed on larger styles of hearing aids.
- There may be more fitting challenges with CIC hearing aids, and there is a greater chance that the hearing aids may need to be sent back to the manufacturer for modifications.
- CIC hearing aids are more likely to become clogged with wax and debris than larger styles of hearing aids, and therefore require more frequent repair than a large hearing aid. Due to this issue, cleaning the aids daily is very important.

I understand that these are some issues that can arise with the use of Completely-in-the-Canal (CIC) hearing aids, but I am choosing to purchase this style for cosmetic reasons. I realize that I am foregoing some advantages of wearing larger hearing aids. This has been explained to me at the time of the initial purchase of the hearing aid(s).

Signed ________________________________  Date___________________________
PART IX: APPENDIX

A. HIPAA Initial Privacy Training Document

Content from the PowerPoint presentation used to train all faculty, staff, and students upon their initial entrance into the Department can be reviewed below.

Illinois State University
HIPAA Privacy Training
Presented by
Clinic Director
Illinois State University

What is HIPAA?
Health Insurance Portability and Accountability Act (1996); Privacy rules part of the Administrative Simplifications of HIPAA
It is a complex system of multiple regulations that address:
  – Portability of insurance
  – Electronic claims submission – common format for all
  – Patient privacy
  – Security of electronic records
  – Identifying parties involved in patient care

Who does HIPAA Affect?
Entire health care system: Any healthcare provider that electronically stores, processes or transmits medical records, medical claims, remittances, or certifications must comply with Health Insurance Portability and Accountability Act (HIPAA) regulations
  – Management (Director & DCEs)
  – Information Systems (CAS-IT)
  – Billing (Office Manager, OSS, OSA)
  – Clinicians & Observers
  – Faculty, Staff, Graduate Assistants
  – Business Associates
  – Building Service Workers

Who Does it Benefit?
1. Businesses
   A. Allows us to use & disclose Protected Health Information (PHI) for Treatment, Payment, and Operations (TPO)
   B. Enhances accuracy of data (standardized formatting and consistency of e-records)
   C. Reduces liability- specific policies, procedures, standards of privacy/confidentiality
   D. Who Else Does it Benefit?
2. Patients
   A. Provides a confidence their privacy is protected due to limited use of their information
   B. Gives them the right to gain access to their records
   C. Permits the opportunity to request amendments to their health information
   D. What is PHI?

PROTECTED HEALTH INFORMATION
individually identifiable health information including demographic information collected from an individual, which is created or received by a health care provider, health plan, employer, or health care clearinghouse; and which relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.
It pertains to ANY information that identifies the individual or could be used to identify the individual.

What is PHI? (continued)
Includes the following in ANY form (Electronic, Paper, and Oral)
1. Name and address;
2. Date of birth;
3. Social security number;
4. Payment history;
5. Account number; and
6. Name and address of the health care provider and/or health plan;
7. Any combination of information about a client that could identify them.

How Can We Use PHI?
HIPAA permits use and disclosure of PHI for Treatment, Payment and healthcare Operations (TPO).
T = physician or other health care provider to treat patient.
P = obtain payment for services
O = accreditation, audits, business planning, training healthcare professionals, etc.
NOTE: It does not include research.

Patient Authorization for Release of Information
Authorization Form to Release Records
– Documents an individual's agreement that a specific disclosure may be made (one not covered in the Notice of Privacy Practices)
All requests to release information must be made to and processed by the office staff.
– Patient requests made to supervisors or students should be referred to the office staff so proper procedures can be followed.
HIPAA Privacy Requirements
These affect ALL of us
✓ Designate Privacy Officer
✓ Staff education and training
✓ Inventory existing policies and procedures
✓ Confidential communications
✓ Notice of Privacy Practices
✓ Acknowledgement
✓ Authorization
✓ Safeguards
✓ Sanctions
Other HIPAA Requirements
✓ Perform privacy risk assessments
✓ Pre-emption of state laws
✓ IRB representation
✓ Business Associate Agreements
✓ Requests for timely access
✓ Denial of access
✓ Amendment policy
✓ Accounting of Disclosures
✓ Other considerations

Notice, Acknowledgment, & Consent

*Notice of Privacy Practices (NPP)* describes information use and disclosure practices for the purposes of treatment, payment and healthcare operations
  – Given to patients by office staff at check in; posted in waiting room

*Acknowledgement of NPP* - authorizes the use of information in the manner described in the NPP.
  – Signed by patients at check-in and scanned into PnC

*Consent for Treatment* – authorizes treatment, disclosure for TPO, missed/late appointment fees
  – Signed by patients at check-in and scanned into PnC
  – Notice and Acknowledgment

Notice
  – In Department Manual
  – Outlines appropriate uses and disclosures of PHI
  – Individual rights (access, amendments, etc.)
  – Reporting and contacting information

Acknowledgement

Consent for Treatment

Privacy Considerations
Point n’ Click – PnC
Users – HIPAA TRAINED supervisors, clinicians, office staff, CAS-IT
Locations –
  – Room 309E FH -Redbird swipe-card access only (see office staff for problems with access)
  – Audiology Exam Rooms
  – Clinic Office
  – Authorized faculty and staff offices
Privacy Considerations (cont.)
Minimal Necessary Access
  – Access ePHI for ONLY those patients assigned to you in a given semester
  – Electronic trail allows for routine audits
Avoid and prevent “Over the shoulder surfing”
Never walk away from open record. “Lock or Log off” when leaving area for any period of time
No personal video/photo or audio recordings are permitted waiting areas or hallways on 2nd floor

Privacy Considerations (cont.)
Passwords – never share or write down
Personal Printing –
  – Documents print only to pay computer (FH309E); Redbird card protected
  – store documents in temporary folders ONLY!
Observer Lesson Plans
  – Print on designated free printer in 309E
  – Place in temporary folder; observers transfer to their observation folders in file room
Destruction of documents – mistakes go in confidential recycle bins only in 309E; useful documents stay in working folder all semester.
Audio & Video Recording
  – ONLY use CSD owned equipment
  – Not allowed in non-private spaces
  – May not be removed from clinic area unless off-campus site
  – Store on CSD Drive immediately; destroy original
  – Long-term storage determined by supervisor
  – Remember all recordings & photos are PHI
  – Monitoring Sessions & Viewing Videos
Student Observation Room – for students and supervisors to monitor sessions and view long-term storage videos.
Parent Observation Room – for families and supervisors
Supervisor Offices – student, family, and supervisor viewing

Telephone Calls
  Requires supervisor permission
  Only use the phone number found in PnC
BEFORE call, note patient restrictions identified in PnC
Must be done in private space
- private office with ISU phone if possible
- personal phone with ID function disabled (add prefix *67 to the number)

Faxing
ONLY Clinic Office Staff may fax information
- Faxes must be sent/received from Clinic Office
- Clinicians should notify supervisors; who will notify office staff

Confidential Communication
Be aware and avoid accidental disclosure of health information during conversations in non-private areas
- Hallways
- Waiting areas
- Outside
- Scanning & Destruction of Records

Scanning of documents into PnC
- Completed by Clinic Office Staff ONLY
- 100% of the documents authenticated and validated by a second party prior to destruction

Destruction
- Confidential Recycle Bins ONLY
  » Locked bins in FH 309E and Clinic Office
- Professionally protected by COPS

HIPAA Mindset
Confidentiality and security of your patients’ information rests primarily on YOU. PnC alone can’t make us compliant
Policies & procedures alone can’t make us compliant
Only TRAINED persons, familiar with and following policies and procedures can make us compliant

Civil and Criminal Penalties
Those who compromise confidentiality intentionally for financial gain can be fined as much as $1,500,000 or go to jail for up to 10 years!
Even accidentally breaking the rules can result in fines—and tremendous embarrassment—for you or your employer.
- 1-10 years in prison
- $100 - $250,000 per incident

University Penalties
Range:
- Warning -- up to and including -- termination
- Policies require consistent application of sanctions

109
Same sanction for the same violation, regardless of rank or status

Our Process
- Suspected violations reported to Clinic Director
- DCE/Supervisor/others consult, make initial determination
- Reported to University Privacy Officer who makes final determination (may report to Health & Human Services)
- If a violation is found, it will be reported to Sanction Recommendation Committee
- Committee recommends sanction to HR (employees), Department Chair (students)

Training
Initial training to all new students, faculty, staff who will have access to PHI
- It MUST occur prior to access to ANY PHI, this includes PnC
Annual review and update for all students, faculty and staff who will have access to PHI
*Training Acknowledgement MUST be completed.*
- *Keep on file by Clinic Director*

Questions

Contacts
Heidi R. Verticchio, MS, CCC-SLP
- Department Privacy Officer
- Campus Phone 8-3266
- Room 217B Fairchild Hall

Theresa A. David, MPA, RHIA
- University Privacy Officer
- Campus Phone 8-8711
- Room 303 Student Services Building
B. Privacy and Confidentiality Training Acknowledgement

Purpose: This form is used to certify completion of HIPAA privacy and confidentiality training by an ISU Health Component Workforce member.

SECTION A—Workforce member trained.

Name: ___________________________________________ Department: ___________________________________________

Job Title: ___________________________ Work Address: __________________________________________

Date privacy and confidentiality training completed: ___________________________ Training hours: ____________

SECTION B—Workforce member’s training acknowledgement.

I have completed the Department’s privacy and confidentiality training, and understand that information concerning patients and/or staff is confidential and is not to be disclosed to any person or entity without appropriate authorization, subpoena or court order. As a condition of my enrollment as a student in the Department of Communication Sciences and Disorders, I agree not to directly or indirectly disclose said information without proper authority and specifically agree with the following requirements:

1. I will avoid any action that will provide confidential information to any unauthorized individual or agency.
2. I will not review clinic records or information for which I have no authorization.
3. I will not make copies of any clinic records or information except as specifically authorized.
4. I will not remove clinic records or confidential information from the facility except as authorized in the performance of my duties.
5. I will not discuss in any manner, with any unauthorized person, information that would lead to identification of individuals described in the clinic record or confidential material.
6. When authorized to dispose of clinic records or confidential information, I will do so according to the policies contained in Section 4 of this manual.
7. If I observe unauthorized access or divulgement of confidential records or information to other persons, I will report it immediately to my supervisor who will report it to the Clinic Director. I understand that failure to report violations of confidentiality by others is just as serious as my own violation.

I understand that Protected Health Information (PHI) as defined under HIPAA includes individually identifiable health information including demographic information collected from an individual, which is created or received by a health care provider, health plan, employer, or health care clearinghouse; and which relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual. It pertains to information that identifies the individual or could be used to identify the individual, including:
1) name and address, 2) date of birth, 3) social security number, 4) payment history, 5) account number, 6) name and address of the health care provider and/or health plan, and 7) any combination of information about a client that could identify them.

As an employee, breach of confidentiality may be cause for sanctions, including possible immediate suspension without pay pending investigation of incident. As a student, breach of confidentiality may be cause for sanctions including termination from the program or University. I have read this agreement and the confidentiality policies of this facility and will demonstrate my understanding and willingness to abide by these policies and procedures by affixing my signature and the date below.

Signature:________________________________________________ Date:

SECTION C — SIGNATURE OF PRIVACY INSTRUCTOR.

I attest that the above information is correct. **Heidi Verticchio, MS, CCC-SLP, Department Privacy Officer**

Signature:________________________________________________ Date: