

**A Clinic Handbook for Clients and Their Families**

**An Honors Creative Project (HONRS 499)**

**by**

**Molly Habich**

**Ball State University**

**Muncie, Indiana**

**April 2010**

**Graduation Date: May 2010**

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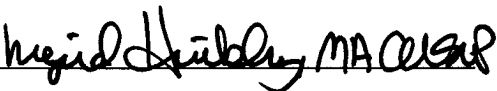
An Honors Creative Project (HONRS 499)

by

Molly Habich

Thesis Advisor

Ms. Ingrid Hinkley

A handwritten signature in black ink that reads "Ingrid Hinkley MA, CASP". The signature is written in a cursive style and is positioned above a horizontal line.

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## Abstract

The following handbook is the culmination of a semester-long creative project designed to benefit clients of the Ball State Speech and Hearing Clinic in Muncie, Indiana. The handbook is divided into several sections, each discussing various aspects of the both therapy services and the clinic itself that are specific to the needs of the clients and their families, rather than the student clinicians. Before the completion of this project, no such handbook was in existence for the clinic; most information was given orally or condensed into a welcome letter sent out to clients who were already enrolled in therapy. Now, there will be two bound copies on hand at the clinic for currently enrolled clients and also for those awaiting enrollment to look through when they visit the clinic. In addition to the creation of the handbook, the initial welcome letter has been revised to include more information regarding scheduling and fees. Both the handbook and welcome letter are prefaced by an author's statement describing background information about the clinic, the process of creating the handbook, and how it will benefit the clinic.

## Acknowledgements

- ◆ I would like to thank Ms. Ingrid Hinkley for both advising and educating me throughout the completion of this project. She not only aided with the arrangement of the various sections included in the handbook, but also educated me on aspects of the clinic of which I previously had no knowledge as a student clinician. This newfound knowledge will serve to better equip me as a graduate clinician and allow me to explain these aspects of the clinic to both my peers and my clients.
- ◆ I would like to thank the entire staff of the Ball State Speech-Language Clinic for providing such beneficial services to the Ball State community and the city of Muncie. You have created a respected and well-ordered organization that benefits so many families, clients, and students.
- ◆ Finally, thank you to the staff of the Ball State Speech Pathology and Audiology Department. You have provided your students with an invaluable education and have produced knowledgeable clinicians that have gone and will go on to further serve their respective communities in the fields of speech pathology and audiology.

### ***About the Ball State Speech-Language Clinic***

Every semester, the Ball State Speech and Language Clinic provides therapy services to over 125 clients and provides invaluable hands-on experience to over 75 aspiring student clinicians. For over 40 years, the clinic has helped clients with a variety of speech- and language- related difficulties from within both the Ball State community and surrounding Delaware County. The clinic offers services for those with speech and language delays, auditory processing disorders, those in need of aural rehabilitation, along with clients experiencing difficulties with fluency, swallowing, voice, and social skills. Located near the center of the Ball State campus, the clinic utilizes undergraduate and graduate speech pathology students as student clinicians in order to provide them with real-life, hands-on experience for their future career field. It exposes them to an assortment of different disorders and impairments and allows them to apply the knowledge from their classes to their clinical experiences. The clinic provides services to clients of all ages, which again provides a wide breadth of opportunities to its aspiring clinicians.

### ***Rationale for the creating the handbook***

As a graduating speech pathology major, it was important to me that my thesis was not only helpful to the department in which I had spent my entire undergraduate career, but also that it educated me on areas of the clinic that I may not have experienced in my clinical work. For these reasons, I chose to create a handbook directed not at student clinicians like myself, which is already in place, but rather a handbook designed for the clients and their families, a handbook with all the essential information about the clinic in one, accessible place.

When I first suggested this idea to Ingrid Hinkley, the Clinic Director, I realized there was a great need for such a project. She informed me that while a short letter is sent out to all clients at the beginning of the semester, most of the information is given out orally. Thinking about the limitations of my own memory, I imagined it must be difficult for families to keep track of all this oral information, let alone for those who have just faced the reality that a loved one needs therapy. While the difficulties of a speech or language impairment may not be comparable to those associated with disease or terminal illnesses, most families progress through similar stages of shock, denial, grief, and acceptance upon hearing their loved one's prognosis.

***Who will this handbook benefit?***

Primarily, this project will benefit the clients and families of the Ball State Speech-Language clinic. By creating a handbook of important clinical information, clients and their families will now have an understandable and convenient form of learning more about the services the clinic offers and how it functions as a whole. Rather than receiving this important information orally and quickly forgetting it, clients will now have a hardcopy of this information to which they can refer as often as necessary.

In addition to benefiting the clients and families of the clinic, this handbook will also benefit the staff of the clinic. Because many families have difficulty remembering or even understanding the information they are given at their initial evaluation, they often make several calls or visits to the clinic with questions. Now, rather than having to repeat the information orally a second time, clinic staff will be able to refer clients to the handbook. Furthermore, clients will now receive more of this vital information in their initial welcome letter, thus reducing again the number of calls to the clinic office.

Finally, this project will also benefit the undergraduate and graduate students in the speech pathology department. Many students in the program, like me, may be unfamiliar with the scheduling process and other “behind-the-scenes” aspects of the clinic in which they spend so much time. My hope is that this handbook will clarify some of these aspects and will help student clinicians be able to better answer any questions their clients may have regarding the clinic.

### ***The process of creating the handbook***

When beginning this project, I initially realized that I needed to step outside of my clinical bubble and become—figuratively, of course—a parent. Knowing that an excessive amount of information would be overwhelming to *anyone*, I began thinking of what aspects of the clinic and its services would be the most important. By consulting the Clinic Handbook for speech pathology students and combining that information with knowledge from my own clinical experiences, I created a list outlining possible areas to discuss within the handbook. However, after this list of topics exceeded a page and a half, I realized I needed to cut back. Do parents really need to know details about the different types of disorders? Is it really important to give directions from all surrounding areas or would a simple, local map suffice? Again I found myself slowly taking off the proverbial clinician’s cap and replacing it with a parental perspective. I was taking clinical knowledge and wording that was familiar and meaningful to me and altering it in a way that families unfamiliar with therapy could understand. This first part of the process was almost freeing in the sense that the clinician mindset in which I had been trained for so many years was morphing and expanding to include the viewpoint of those I had been and will be helping.

After narrowing and recompiling my list of topics, I was ready to begin expanding on the information I had gathered. I met with Ms. Hinkley to confirm that no other information need be included and from there I began creating the handbook. As it began taking shape, I found myself rearranging topics in order to create a flow from the basic information to the more vital topics found toward the middle of the handbook. It was at this point, also, that I decided to create a table of contents. Although oftentimes multiple topics were included on the same page, I found the table of contents to be a way of even further simplifying the information for the families.

Upon completing the first of many rough drafts, I felt confident about the influence the project would have on the clinic. Along with realizing this initial goal for the project, I found I was also accomplishing my second goal: I was learning more about my department. The bulk of this book deals with information regarding scheduling—a topic about which I knew very little before I began this thesis. Prior to this project, my knowledge of client scheduling consisted only of how it affected *me*; I knew when my client was supposed to arrive, leave, and that he/she would contact me to cancel a session. When discussing client scheduling with Ms. Hinkley, I realized there is much to be said for the “behind-the-scenes” work that is done in this area. We decided that scheduling is one subject that needs to be discussed in great detail, in order to help the clinic office avoid an inundation of calls each semester regarding enrollment, waiting list status, and general questions about the scheduling process itself. After scribbling down over a page of notes, however, I began to wonder how I would simplify such an involved, multi-tiered process. Although it was not as simple this time, I once again parted ways with my clinician mindset and began to think from the other perspective. What would I need to know as a parent? Would I really be



concerned with *who* is involved or would the process itself be more important? Would I really care about the student clinician's need for various amounts of hours? As the writing continued, I found my page of notes narrowing and decreasing, but at the same time becoming increasingly relevant to the parent's perspective rather than that of the clinician.

In addition to creating the handbook, I also chose to create a welcome letter for clients and their families that served as a very condensed version of the handbook. However, after writing a draft of the letter, Ms. Hinkley and I decided that rather than create a new letter, it would be best to simply revise the current welcome letter by adding select information from the handbook. As it turned out, the welcome letter already contained much of the information from the letter I had written, but certain specificities had been left out. By adding these small points, the letter became more detailed and thus more informative to the clients and their families.

Overall, the content of this project and the process by which it was created was extremely educational and beneficial for me as both a student and a future speech pathologist. I became aware of information and specificities within my department of which I had no knowledge prior to this project. I developed the ability to simplify complicated clinical language in a way that those unfamiliar with such language will understand. I learned how to approach subjects from a new perspective—how to step outside my boundaries as a student clinician and experience the clinic as a parent. After 40 years, the Ball State Speech-Language Clinic is still serving the Ball State Community and the city of Muncie; my hope for this project is that it too will continue to serve these families, along with other speech pathology students, not just for the coming semester, but for future years, as well.

# Client/Family Welcome Letter

## Spring Semester 2010

We are pleased that \_\_\_\_\_ is enrolled in our clinical program this semester. Sessions will be held on:

\_\_\_\_\_ at \_\_\_\_\_, starting \_\_\_\_\_.

The final session for the semester will be scheduled for the week of April 26<sup>th</sup>, 2010.

The clinic will be closed March 8<sup>th</sup> through March 12<sup>th</sup> for spring break.

Fees for the current semester are listed as follows:

- \$100.00 Speech-Language Evaluation (1-2hrs)
- \$200.00 Speech-Language Therapy (per semester)
- \$200.00 Preschool or Toddler Language Class
- \$200.00 Generalized Reading Awareness Skills Program (GRASP)

Fees are waived for Ball State students and their immediate family members, Ball State faculty, and those who have Medicaid or Medicare. Clients with private insurance should contact the main office to obtain the form necessary for insurance reimbursement. No client will be denied therapy based on the inability to pay for services.

Parking for clients can be found directly in front of the BSU Speech Clinic in any space designated a "Permit 67". Permits must be obtained from the Clinic Secretary upon arrival in order to avoid being ticketed. If all Permit 67 spaces are filled, clients may park on the top level of the nearby parking garage for a charge of \$1.00 per hour.

In the event of inclement weather, the BSU Speech Clinic will be closed if Muncie Community schools are closed. If Muncie Schools have a delay only, the clinic will still be open and operating on a regular schedule.

We hope that you will be able to attend all therapy sessions, as consistent attendance improves the learning experience for everyone involved. If you are ill or have another circumstance requiring cancellation, please contact the clinic at (765) 285-8160. Due to the importance of attendance, **clients who cancel more than 3 sessions may be discharged for the current semester** and placed back on waiting list for the next available semester.

Please remember clients are enrolled on a semester by semester basis dependent upon student, supervisor, and class schedules. Enrollment in clinic this semester does not ensure services for future semesters. After completion of a semester of therapy, the client/caregiver will notify the student clinician if future therapy is desired. While no client is guaranteed therapy for future semesters, it is important to note that new clients are given preference over clients who have received services for an extended period of time.

In order to respect the privacy of the clients in our clinic as well reduce traffic and noise in the clinic area, we want to remind you about our **observation policy**:

- Only one family member is to observe his/her child/spouse at a time.
- No children under the age of 13 are permitted to observe sessions.
- Observation of other clients is strictly prohibited due to privacy and confidentiality laws.
- No food or drink is permitted in the observation area.
- Please be quiet and courteous of other clients and observers.
- Headphones for listening to the sessions should be requested prior to the beginning of your family member's session.

We consider the client and family to be an integral part of the therapy process and value your input. Feel free to contact me at 765-285-2760 or [idhinkley@bsu.edu](mailto:idhinkley@bsu.edu) for any questions or comments. We look forward to working with you this semester!

Thank you,

Ingrid Hinkley, M.A. CCC-SLP

# **Client/Family Handbook**

Parents and caregivers,

Welcome to the Ball State University Speech-Language Clinic! Our purpose is to educate students to assess and treat disorders of communication by working with clients and their families under the direct supervision of an individual who holds a state license and the Certificate of Clinical Competence in Speech-Language Pathology.

This handbook will provide you with information regarding the clinic facilities, client scheduling, therapy and payment information, cancellation and observation policies, and confidentiality information. Forms referenced throughout the handbook can be found at the back of the book; please ask the receptionist if you are in need of one or more of these forms.

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## **Departmental Contact Information**

*For general information regarding the clinic, diagnostic scheduling, or to report a cancellation, please contact:*

Linda Johnson  
Clinic Secretary  
(765) 285-8160

*For information regarding fees and semester scheduling, or general questions please contact:*

Ingrid Hinkley  
Speech-Language Clinic Director  
(765) 285-2760

*For information regarding fees, please contact:*

Mary Jo Germani  
Chairperson, Department of Speech-Language Pathology & Audiology  
(765) 285-8162

## **Clinic Facilities**

### *Main Office*

The main office is located in Room 104 of the Arts and Communication building (AC). The main office is open from 7:30am to 5:00pm Monday through Friday during the academic year and from 7:30am to 4:00pm during the summer sessions.

### *Client Waiting Room*

The client waiting room is located in AC102, next to the main office. Clients are instructed to wait here until their clinician comes to meet them. For confidentiality purposes, parents should avoid discussing confidential information regarding therapy within in the client waiting room.

### *Therapy rooms*

Eleven therapy rooms are located in the hall off of the clinic waiting room and seven additional rooms are located in the hallway outside the clinic waiting room. Clients are assigned to specific therapy rooms and will remain in the same therapy room for the entire duration of therapy, unless otherwise specified by the clinician or supervisor.

## Map and Directions to the BSU Speech -Language Clinic

The Ball State Speech-Language Clinic is located in the Arts and Communications Building, Room 102, on the campus of Ball State University. The Arts and Communications Building is connected to Emens Auditorium, on the corner of McKinley and Riverside avenues.

For directions, please visit our website at: <http://www.bsu.edu/spaa/article/0,,39207--,00.html>



### Parking Information

Client parking is available in front of the clinic in any space designated as "Permit 67". These permits must be obtained from the Clinic Secretary in the main office. If all "Permit 67" spaces are full, clients may park on the top level of the nearby parking garage for a charge of \$1.00 per hour (maximum of \$5.00 per day). If a car is registered for parking on campus, a permit cannot be issued.

### Evacuation Procedures

In the case of an emergency or drill procedure, it may be necessary to evacuate the building. In these situations, clients should accompany their

clinicians to the outside entrance of the clinic. Parents and caregivers who are observing or sitting in the waiting room should evacuate immediately and reunite with their child or family member outside the building. Do not re-enter the building until you are given permission to do so and do not leave without first informing your child/family member's clinician.

### Description of Clinical Practicum/Diagnostic Program

The function of the Speech and Language Clinic is to provide undergraduate and graduate students with practical experience in Speech-Language Pathology.

#### Areas targeted in therapy:

Language	Articulation
Fluency	Social Skills
Cognition	Modalities
Voice/Resonance	Swallowing
Auditory Processing Disorders	Second Language Learning (SLL)
Aural Rehabilitation	



## Breakdown of Fees

Most clients seen in the Speech-Language Clinic will be charged for some or all of the therapy services provided.

### Current fees:

- \$100.00 Speech-Language Evaluation (1-2hrs)
- \$200.00 Speech-Language Therapy (per semester)
- \$200.00 Preschool or Toddler Language Class
- \$200.00 Generalized Reading Awareness Skills Program (GRASP)

Exceptions to the fees listed above include students and their immediate family within the same household. Fees are waived for Ball State faculty members, but their immediate family members will be charged for services. Fees are waived for clients with Medicaid and Medicare, when proof is presented. For those with private insurance, please contact the office for the appropriate form to supply to the insurance company for reimbursement. No client will be denied therapy based on the inability to pay for services. The charge for services will be indicated on a bill received at the beginning of the semester. Please direct any concerns about the fees to either the SLP Clinic Director or the Department Chairperson.

## Scheduling

**Clients who will be enrolled for the current semester will be notified by a phone call within the first two weeks of that semester.**

**Clients who will not be enrolled will be placed on the waiting list and will be notified if there is an opening.**

### *Initial Evaluation*

For an initial evaluation, please contact Clinic Secretary Linda Johnson, (765) 284-8160. An initial evaluation is **required** prior to enrollment in therapy. After the initial evaluation has taken place, the client will be enrolled if there is a vacancy. If there is not a vacancy, the client's name will be placed on a waiting list to be considered for the following semester.

### *Frequently Asked Scheduling Questions*

1. How are clients scheduled?

*Clients are scheduled based on multiple factors. The Ball State Speech-Language Clinic must consider the needs of both the client and the student clinicians. Speech pathology students are required to complete a set number of hours in various clinical areas of speech pathology in order to graduate with proficient knowledge of the profession they will be entering. Similarly, clients are scheduled based on the schedules of student clinicians, supervisors, and the availability of therapy rooms.*

*(continued on next page)*

2. When does scheduling occur?

*Scheduling begins within the first week of each academic semester. The entire process takes about two weeks to complete. If a client will be enrolled for the current semester, he/she will be notified by a phone call within these first two weeks. If a client is not enrolled, his/her name will be placed on the waiting list for next semester. If there is an opening within the same semester, you may be contacted at a later date. The department will always respect the order of the waiting list*

3. If my child is currently enrolled in therapy, will s/he automatically be enrolled for the next semester?

*If a client has previously been enrolled in therapy, it does **not** guarantee him/her a spot for the following semester. After completion of a semester of therapy, the client/caregiver is to notify the student clinician during the final conference if future therapy is desired.*

4. Are new clients guaranteed enrollment in the program?

*While there is no guarantee for enrollment, new clients are given preference over clients who have received services from the clinic for an extended period of time.*

### **Discharge from Therapy**

*Reasons for being discharged from therapy:*

- Client has missed/cancelled more than three (3) therapy sessions per semester. Please note that if the client has a contagious illness, it is recommended that he/she not attend therapy until no longer ill
- Client has achieved all semester goals
- Client/family is unable to actively participate in therapy
- Client has reached his/her maximum potential for progress. This will be determined by the student clinician and the client or family.

### **NOTE:**

Clients who are discharged from therapy will NOT be placed back on the waiting list for future semesters.

## Description of Therapy Services

Therapy sessions occur one to two times each week for a duration of anywhere from 50 to 100 minutes per session, depending on scheduling. All aspects are individualized for each client in the following order:

- a. Therapy is evaluated independently by the student clinician and the clinical supervisor.
- b. The student clinician and clinical supervisor determine the areas of weakness that will be targeted in therapy.
- c. The student clinician develops individualized goals and objectives to target throughout the entire semester of therapy.
- d. Goals and objectives are incorporated into relevant therapy activities and materials in order to target the client's areas of weakness.

## Cancellation Policy

Clients/families needing to cancel a therapy session should contact either the Clinic Main Office at (765) 285-8160 or speak directly to the student clinician. Please recall that a client may be discharged from therapy after three missed sessions.

If a client/family is expecting to arrive late, it is recommended that they notify the Clinic Main Office and/or the student clinician. If a client has not arrived within 20 minutes of the scheduled time, it is assumed that s/he is not attending and the session is cancelled.

In the case of inclement weather, the clinic will remain open **UNLESS** Muncie Community Schools (MCS) has cancelled school for the entire day. If MCS has a delay, the clinic schedule remains on its regular schedule. For updated weather and closing information, listen to radio station 104.1 WLBC or visit their website at <http://www.wlbc.com>. Clients/families are not penalized for missing sessions due to inclement weather.

## Observation Procedures

One parent/family member is permitted to observe therapy sessions at a time. No children under the age of 13 are permitted to observe therapy sessions. If a parent/family member wishes to observe a therapy session, he/she is to request headphones for listening to the session prior to the start of the session. The clinician will then check out the headphones from the equipment room and be responsible for returning them after the session. There is no food or drink permitted in the observation area, and parents/family members are not to observe therapy sessions of other clients. Clinicians are to ensure that parents/family members are aware of the observation policy which will be included in the welcome letter and posted in the clinic waiting room. Any special circumstances, questions, or concerns should be brought to the attention of your clinical supervisor. The American Speech, Language, & Hearing Association (ASHA) requires that all speech pathology undergraduate students complete 25 hours of observation before graduation; because of this requirement, students may also be observing at the same time as families.

## **Supervision Procedures**

The American Speech, Language, & Hearing Association (ASHA) requires that a minimum of 25% of sessions are supervised by a licensed and certified speech-language pathologist. All planning, goals, objectives, and materials used in therapy are reviewed by the clinical supervisor prior to the therapy session.

## **Confidentiality**

The Ball State Speech, Language, and Hearing Clinic takes several measures to protect the confidentiality of its clients. Student clinicians are required to sign a confidentiality release form, client information is not permitted to leave or be discussed outside the Speech Pathology Department, and separate forms are required in order to release information to physicians and schools (see Appendix A).

Student clinicians are required to tape record therapy sessions in order to ensure optimum accuracy in data collection. Occasionally, video tapes will be used, as well. Recorded information will be used for student learning purposes and will only be shared with student clinicians and clinical supervisors. See Appendix B for example confidentiality and consent forms.

# APPENDIX A

*Information Release Forms*

**This form is filled out giving us permission to obtain records from another person/agency.**

**Authorization for Release of Records to  
Ball State University Audiology and Speech-Language Clinics**

**Patient Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

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

I hereby authorize \_\_\_\_\_ (name of facility) to  
release the following items from my clinical record:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**These items are to be forwarded to:**

Audiology and Speech-Language Clinics  
Ball State University  
2000 W. University, AC 104  
Muncie, Indiana 47306-0555  
(765) 285-8160  
(765) 285-5623 (fax)

I understand that this authorization must be renewed in September of each year and that I may withdraw my consent at any time by submitting a written request. Withdrawal of consent will not affect action that has already been taken. I also hereby release the above named party or agency from all legal responsibility or liability that may arise from the release of information that I have authorized.

**Signed** \_\_\_\_\_  
(Patient or Guardian)

**If Guardian, Relationship to Patient** \_\_\_\_\_

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

**Ball State University**

**Audiology and Speech-Language Clinics**

**Patient Authorization for Use and Disclosure of Protected Health Information**

\_\_\_\_\_  
**Print Patient Name**

\_\_\_\_\_  
**Patient Date of Birth**

By signing this Authorization, I authorize the Ball State University Audiology and Speech-Language Clinics, its agents, employees and/or servants to use and/or disclose certain protected health information (PHI) about the above named patient to:

\_\_\_\_\_  
\_\_\_\_\_

This authorization permits the Ball State University Audiology and Speech-Language Clinics to use and/or disclose the following individually identifiable health information about me:

\_\_\_\_\_  
\_\_\_\_\_

The information will be used or disclosed for the following purpose:

At the request of the individual - OR -  Other: \_\_\_\_\_

I understand that I have the right to refuse to sign this authorization. I further understand and acknowledge that I have been advised that when my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule.

I acknowledge that the Ball State University Audiology and/or Speech-Language Clinics will not condition my treatment, payment, enrollment in a health plan or eligibility for benefits (if applicable) on whether I sign this Authorization unless: (a) the treatment being provided is research-related and the Protected Health Information is to be used for that research; or (b) the health care the Ball State University Audiology and Speech-Language Clinic is providing is being provided solely for the purpose of providing the Protected Health Information to a third-party provider of health care.

This authorization shall remain in effect until: (insert specific date or condition which will result in authorization no longer remaining valid—please note that if you insert condition, it is your responsibility to notify the privacy officer in writing that the condition rendering this authorization invalid has in fact occurred):

\_\_\_\_\_

I have the right to revoke this authorization in writing except to the extent that the practice has acted in reliance upon this authorization prior to receiving my written revocation notice. My written revocation must be submitted to the privacy officer at Ball State University, Department of Speech Pathology and Audiology, AC 104, Muncie, IN 47306.

\_\_\_\_\_  
Patient/Legal Guardian Signature

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Name of Legal Guardian (if applicable)

\_\_\_\_\_  
Date

# APPENDIX B

*Consent forms*



**This form is to be signed before evaluation or therapy.**

**BALL STATE UNIVERSITY  
AUDIOLOGY CLINIC AND SPEECH LANGUAGE CLINIC  
PATIENT INFORMATION AND CONSENT FORM**

Today's date \_\_\_\_\_

Patient name: \_\_\_\_\_

Name of person completing this form (if other than patient): \_\_\_\_\_

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

Patient age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender:  Female  Male

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

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

Preferred phone: \_\_\_\_\_ Additional phone: \_\_\_\_\_

E-mail address (if acceptable means of contact): \_\_\_\_\_

Primary care physician: \_\_\_\_\_

Referral source: \_\_\_\_\_

When contacting you, may we:

Leave detailed message on your answering machine or voice mail?  Yes  No

Leave message with someone other than yourself who answers the phone?  Yes  No

Send you a detailed e-mail?  Yes  No

How did you hear about us?

Word of mouth  Yellow pages  Internet  Advertisement  Other \_\_\_\_\_

Ball State Affiliation: (Note: This is for tracking purposes only; affiliation will not impact patient care.)

None  Faculty/staff/retired  Family of faculty/staff/retiree  Student  Family of student

Are you a veteran of the US armed forces?  Yes  No

**Consent for Speech, Language, or Audiological Evaluation and Treatment**

I hereby give my consent for Ball State University Speech-Language and Audiology Clinics to evaluate and/or treat the Patient specified below. Such evaluation may include, but is not limited to, assessment of the Patient's hearing, balance, language, and speech skills as appropriate.

I have read and understand the Notice of Privacy Practices for the Clinics and understand that Ball State University reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by providing a written request to the clinic's Privacy Officer.

I hereby give my consent for the Clinics to use and disclose protected health information (PHI) about me to carry out treatment, payment, and healthcare operations (TPO). (The Notice of Privacy Practices provided by the Clinics describes such uses and disclosures more completely.)

I understand evaluation and treatment services are typically provided by students who are enrolled in the undergraduate or graduate clinical practicum course at Ball State University, and that these students are in training under the direct supervision of certified and licensed professionals.

I understand that, for educational purposes, other students may observe evaluation and treatment sessions, and I consent to such observation. I also consent to the recording of the evaluation and treatment sessions and understand that any students who are providing evaluation and treatment services to the Patient may view such recordings for educational purposes.

I may revoke my consent in writing except to the extent that the practice has already provided services or made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, **Ball State University Audiology and Speech-Language Clinics** may decline to provide treatment to me.

\_\_\_\_\_  
Patient/Legal Guardian Signature

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Legal Guardian, if applicable

**BALL STATE UNIVERSITY  
AUDIOLOGY CLINIC AND SPEECH LANGUAGE CLINIC**

**CONFIDENTIALITY AGREEMENT**

Due to my affiliation with the Speech-Language and Audiology Department and Clinics (the "Clinics") at Ball State University, I realize that I have access to confidential materials and information. I recognize that this opportunity to work or earn academic credit in a University faculty-led program carries with it special confidentiality responsibilities. I understand and agree to the following:

1. I will have access to confidential information of patients of the Clinics. Such confidential information may include, but is not limited to, all data, records, documents, documentation, descriptions, materials, patient files, treatment records, recordings, and all other information (hereinafter collectively referred to as "Confidential Information") relating to the patients of the Clinics, in whatever form and on whatever medium.
2. I will not disclose or make the Confidential Information available to any person, corporation, organization, or other entity, or directly or indirectly, use or appropriate it for any purpose without the prior written consent of the patient.
3. I will use reasonable care to prevent unauthorized access to or disclosure of the Confidential Information by any person and will immediately report any suspected, actual, or anticipated unauthorized disclosure of the Confidential Information to the Coordinator of the Clinic.
4. The restrictions and obligations of this Agreement will survive any expiration, termination, or cancellation of this Agreement and will continue after I am no longer affiliated with the Department or the Clinic.
5. I understand that breaches of patient confidentiality will not be tolerated and will result in disciplinary action. I will bear the cost of any additional expenses resulting from such action.

I have read and understand this Agreement, and I will abide by its terms and conditions. I have knowingly and voluntarily signed this Agreement.

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**Signature of Participant**  
**Affiliation: Faculty, Staff or Student**

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**Date**

**This is an optional consent form signed regarding videotaping and research participation.**

**BALL STATE UNIVERSITY  
AUDIOLOGY CLINIC AND SPEECH LANGUAGE CLINIC**

**Permission to Use Information for Educational/Research Purposes**

**Name of Patient:** \_\_\_\_\_

We ask your assistance in helping us improve our understanding of communication disorders, their assessment, and their remediation. By allowing us to share photographs and portions of audio or video recordings with students, you will contribute significantly to their education. Students also benefit from reviewing test results illustrating communication disorders; all names and other identifying information would be removed from such records to ensure confidentiality. Finally, faculty and students periodically initiate scientific research studies in the area of communication disorders, and we would appreciate your permission allowing us to contact you regarding possible participation in such projects.

**Please read each item and circle YES or NO.**

YES NO I am willing to allow the use of any photographs and/or audio/video recordings obtained during my diagnostic and/or therapy sessions for teaching and demonstration purposes.

YES NO I am willing to allow any test results obtained to be used for illustrative purposes in classes provided that all identifying information (name, address, etc.) is removed from the documents and complete confidentiality is maintained.

YES NO I am willing to be contacted regarding participation in future research projects coordinated by the Department of Speech Pathology and Audiology.

**Printed Name:** \_\_\_\_\_

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

**Relationship to Patient:** \_\_\_\_\_

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