



Widener
University

College of Health and Human Services

Speech-Language Pathology Clinic
Client Handbook
2021-2022



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WELCOME

Welcome to the Speech-Language Pathology (SLP) Clinic at Widener University! We are delighted that you have chosen us to provide your communication services, and that you have entrusted us with your care.

At the SLP Clinic, we are committed to helping our clients achieve their goals by providing the highest quality of care. All evaluation and treatment services are evidence-based, provided by graduate clinicians in the Institute for Speech-Language Pathology at Widener University under the direct supervision of licensed, ASHA-certified speech-language pathologists.

Please take time to review and complete the forms contained in this packet. Your graduate clinician will review all information with you during your first session at the SLP Clinic and answer any questions you may have. Once signed, copies of each form will be maintained in your electronic chart. Blank copies of all forms may be accessed at any time via the SLP Clinic website (<https://sites.widener.edu/speech-language-pathology-clinic/>), or by request from our front desk.

Your satisfaction is important to us. If, at any time, you have questions or concerns regarding your clinical care, please do not hesitate to contact us directly.

We look forward to working with you!

Sincerely,

Lauren Liria, MS CCC-SLP
Director of Clinical Education
Clinical Assistant Professor
Institute for Speech-Language Pathology
[Widener University](#)

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NONDISCRIMINATION STATEMENT

The Speech-Language Pathology (SLP) Clinic and the affiliated interprofessional pro bono Chester Community Clinic are dedicated to upholding Title IX and committed to creating and sustaining a safe environment for all clients, students, faculty and staff. The clinics support and uphold Widener University's commitment to [diversity](#) and non-discrimination as described in the [Equal Opportunity, Harassment, and Nondiscrimination Policy \(EOHN\)](#).

I have been given the opportunity to review the Nondiscrimination Statement. I acknowledge this by my signature below.

Client Name

Client Signature (legal guardian for those <18)

Date



CLINICAL SERVICES CONSENT

The clinical training program within the Institute for Speech-Language Pathology, including the on-campus SLP Clinic, has two major objectives. The first is to provide high-quality, evidence-based professional services to the community, and the second is to train Graduate Clinicians to provide competent clinical services within all areas of speech and language pathology. Thus, in order to ensure quality services to our clients as well as quality educational experiences for our graduate clinicians, and as the SLP Clinic is located within and associated with an academic institution, it is necessary that clients be willing to cooperate with educational and research activities as indicated below. Clients are assured that such activities will in no way interfere with the quality of the services provided.

- Services rendered will be provided by graduate clinicians, working under the supervision of fully licensed and highly qualified clinical faculty.
- Any and all contact with clients may be observed through one-way mirrors; these will be recorded and videotaped for teaching purposes.
- Data collected during any interaction with the client may be used for research purposes, but identifying information will be kept confidential at all times.

If you have any questions, please inquire **before signing this document**.

****This document remains in effect until services at the SLP Clinic are terminated.****

Client Name

Client Signature (legal guardian for those <18)

Date



HIPAA INFORMATION AND CONSENT FORM

I understand that as part of my health care, the SLP Clinic at Widener University maintains records about my health as related to my speech, language, hearing and/or swallowing abilities. These records describe my health history, symptoms, examination and test results, diagnoses, and any plans for care or treatment. I understand that this information serves as:

- a basis for planning my care and treatment;
- a means of communication among the health professionals at the SLP Clinic who contribute to my care;
- and a tool for routine health care operations within the SLP Clinic, such as assessing quality and reviewing the competence of health care professionals.

The attached **Notice of Privacy Practices** gives a more complete description of how my health information may be used or disclosed by the SLP Clinic at Widener University.

The **Notice of Privacy Practices** also explains my rights regarding my personal health information, including the right to access my own records and the right to request restrictions as to how my health information is used or disclosed.

I understand it is my responsibility to notify the SLP Clinic of any restrictions to the disclosure of my health information regarding this or any subsequent visit.

I have been provided a Notice of Privacy Practices and have been given the opportunity to review this information. I acknowledge this by my signature below.

Printed Patient Name

Date

Signature of Patient or Legal Representative

Date



NOTICE OF PRIVACY PRACTICES

In accordance with the Health Insurance Portability and Accountability Act (HIPAA) which was instituted by the U.S. Department of Health and Human Services on April 14, 2003, 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.

How we may use and disclose health information about you:

The SLP CLINIC at Widener University is committed to protecting the privacy of all health information we create and maintain as a result of the health care we provide you. Your “protected health information” (PHI) includes information about your past, present, or future health, health care we provide you and payment for services that we provide to you. The purpose of this notice is to explain who, what, when, where, and why your PHI may be disclosed and assist you in making informed decisions when authorizing anyone to use or disclose your PHI. We may use and disclose your PHI for the following purposes:

Treatment

We may use and disclose your PHI to provide you with clinical treatment and services. We may disclose PHI to graduate clinicians, certified Speech-Language Pathology supervisors, academic faculty, or other personnel in the SLP CLINIC who are involved in taking care of you.

Health Care Operations

We may use and disclose PHI for health care operations purposes. These uses and disclosures are necessary to make sure that all of our clients receive quality care and for our operation and management purposes. For example, we may use PHI to review the treatment and services you receive and/or to check on the performance of our staff in caring for you. We also may disclose PHI to students and/or faculty in the Speech-Language Pathology Program for educational and learning purposes.

Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services

We may use and disclose PHI to contact you to remind you that you have an appointment for evaluation or treatment. We may also contact you to tell you about possible treatment alternatives or health related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care

We may disclose PHI to family or others identified by you or who are involved in your care or payment of your care.

Legally Required Disclosures and Public Health

We may disclose PHI as required by law, including to government officials to prevent or control disease; to report child, adult or spouse abuse; or to report reactions or problems with products used in the SLP CLINIC.

Health Oversight Activities

We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include but are not limited to audits, investigations, inspections, academic accreditation, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.



Workers Compensation

We may disclose PHI for workers compensation or similar programs.

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Your Rights Regarding Health Information About You

You have the following rights, subject to certain limitations, regarding the PHI we maintain and disclose:

Right to Inspect and Copy

You have the right to inspect and copy PHI that may be used to make decisions about your care or payment for your care. We may charge you a fee for the costs of copying, mailing or other supplies associated with your request.

Right to Request Amendments

If you feel that the PHI we have is incorrect or incomplete, you may ask us to amend the information; however, you must disclose to us the reason for your request. A request for amendments must be submitted, in writing, to the SLP CLINIC at the address listed at the beginning of this document.

Right to an Accounting of Disclosures

You have the right to request an “accounting of disclosures” of PHI. This is a list of certain disclosures we have made of PHI. The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list.

Right to Request Restrictions

You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request. If we agree, we will comply with your request unless we terminate our agreement or the information is needed to provide you with emergency treatment. All restriction requests must be submitted, in writing, to the SLP CLINIC at the address listed at the beginning of this document.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by e-mail or only by phone. Your request must specify how or where you wish to be contacted and must be submitted, in writing, to the SLP CLINIC at the address listed at the beginning of this document. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time by contacting the SLP CLINIC at the address or phone number at the beginning of this document.

How to Exercise Your Rights



To exercise your rights described in this Notice, send your request, in writing, to Lauren Liria our Privacy Officer, at the address listed at the beginning of this document.

Changes to This Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for PHI we already have as well as any information we receive in the future. We will post a copy of the current Notice in the lobby of the SLP CLINIC. The end of our Notice will contain the Notice's effective date.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the SLP CLINIC or with the Secretary of the Department of Health and Human Services. To file a complaint with the SLP CLINIC, contact to Lauren Liria, our Privacy Officer, at the address listed at the beginning of this document. To contact the Department of Health and Human Services, please refer to www.hhs.gov. You will not be penalized for filing a complaint.



E-MAIL CONSENT FORM

1. RISK OF USING E-MAIL

The SLP Clinic at Widener University offers clients the opportunity to communicate by e-mail. Transmitting client information by e-mail, however, has a number of risks that clients should consider before using e-mail. These include, but are not limited to, the following risks:

- E-mail can be circulated, forwarded, and stored in numerous paper and electronic files.
- E-mail can be immediately broadcast worldwide and be received by many intended and unintended recipients.
- E-mail senders can easily misaddress an e-mail.
- E-mail is easier to falsify than handwritten or signed documents.
- Backup copies of e-mail may exist even after the sender or the recipient has deleted his or her copy.
- Employers and on-line services have a right to archive and inspect e-mails.
- E-mail can be intercepted, altered, forwarded, or used without authorization or detection.
- E-mail can be used to introduce viruses into computer systems.
- E-mail can be used as evidence in court.

2. CONDITIONS FOR THE USE OF E-MAIL

The SLP CLINIC will use reasonable means to protect the security and confidentiality of e-mail information sent and received. However, because of the Risks outlined above, the SLP CLINIC cannot guarantee the security and confidentiality of e-mail communication, and will not be liable for improper use and/or disclosure of confidential information (including Protected Health Information that is the subject of the federal Health Insurance Portability and Accountability Act of 1996) that is not caused by the SLP CLINIC's intentional misconduct. Thus, clients must consent to the use of e-mail for client information. Consent to the use of e-mail includes agreement with the following Conditions:

- All e-mails to or from the client concerning diagnosis or treatment will be printed out and made part of the client's record. Because they are a part of the client's record, other individuals authorized to access the record, such as staff and billing personnel, will have access to those e-mails.
- The SLP CLINIC may forward e-mails internally to the SLP CLINIC's staff and agents as necessary for diagnosis, treatment, reimbursement, and other handling. The SLP CLINIC will not, however, forward e-mail to independent third parties without the client's prior written consent, except as required by law.
- Although the SLP CLINIC will endeavor to read and respond promptly to an e-mail from the client, the SLP CLINIC cannot guarantee that any particular e-mail will be read and responded to within any particular period of time. Thus, the client shall not use e-mail for emergencies or other time-sensitive matters, including cancellations and schedule changes within 48 hours.
- If the client's e-mail requires or invites a response from the SLP CLINIC, and the client has not received a response within a reasonable time period, it is the client's responsibility to follow up to determine whether the intended recipient received the e-mail and when the recipient will respond.
- The client is responsible for informing the SLP CLINIC of any type of information the client does not want to be sent by e-mail.
- The client is responsible for protecting his/her password or other means of access to e-mail. The SLP CLINIC is not liable for breaches of confidentiality caused by the client or any third party.
- The SLP CLINIC shall not engage in e-mail communication that is unlawful.
- It is the client's responsibility to follow up and/or schedule an appointment if warranted.

3. INSTRUCTIONS

To communicate by e-mail, the client shall:



- a. Limit or avoid use of his/her employer’s computer or other public computers.
- b. Inform the SLP CLINIC of changes in his/her e-mail address.
- c. Put the client’s initials in the body of the e-mail.
- d. Include the category of the communication in the e-mail’s subject line, for routing purposes (e.g., billing question).
- e. Review the e-mail to make sure it is clear and that all relevant information is provided before sending to the SLP CLINIC.
- f. Inform the SLP CLINIC that the client received an e-mail from the SLP CLINIC.
- g. Take precautions to preserve the confidentiality of e-mails, such as using screen savers and safeguarding his/her computer password.
- h. Withdraw consent only by e-mail or written communication to the SLP CLINIC.
- i. Contact the SLP CLINIC via phone (212) 678-3409 with any unanswered questions before communicating with the SLP CLINIC via e-mail.

4. CLIENT ACKNOWLEDGMENT AND AGREEMENT

The names and e-mail addresses listed remain in effect until termination of services at the SLP CLINIC. In the event that changes are made a new consent form must be completed.

I acknowledge that I have read and fully understand the information the SLP CLINIC has provided me regarding the Risks of using e-mail. I understand the Risks associated with the communication of e-mail between the SLP CLINIC and me, and consent to the Conditions outlined on the previous page. In addition, I agree to the Instructions outlined, as well as any other Instructions that the SLP CLINIC may impose regarding e-mail communications.

I give permission for the SLP CLINIC to communicate by email with the following individuals:

Name

Email address

Name

Email address

Name

Email address

By signing this contract, I indicate that I have read this document and understand the contents.

Signature

Print Name

Date



ATTENDANCE POLICY

In order to uphold the highest quality of client care and its responsibility to train graduate students, the SLP Clinic at Widener University must uphold the following attendance policy:

Please read and initial each statement:

- _____ All sessions will begin and end according to the scheduled time. If a client arrives late, that session will end at the scheduled ending time, and the missed time will not be made up.

- _____ If a client arrives more than 20 minutes late for a scheduled session, the session will not be conducted and will be counted as an absence.

- _____ If a client exceeds 3 absences in a given semester, and these absences are unrelated to extraordinary circumstances or religious holidays, the client's attendance record will be reviewed by the Director of Clinical Education and clinical faculty to determine if services should be terminated.

- _____ Every effort will be made to make up any session missed or canceled by our clinicians. Sessions canceled by the client will most likely not be able to be rescheduled.

Client Name: _____

Parent/Guardian Name: _____

Signature: _____

Date: _____



CLINIC RULES

Please read and initial the following rules:

- _____ *The parent and/or caregiver must remain in the clinic for the entire duration of each therapy session.*
- _____ *All children must be accompanied to the bathroom by the parent and/or caregiver.*
- _____ *Diaper changes are not permitted in the clinic waiting room of the clinic.*
- _____ *Cell phone use is not permitted in the clinic.*
- _____ *Eating and drinking are not permitted in the waiting room.*
- _____ *Entrance to all areas of the clinic aside from the waiting room is permitted only when accompanied by a clinician or member of the clinic faculty/staff.*
- _____ *Please maintain our clinic's cleanliness by placing all garbage in the trash can.*



EMERGENCY CONTACT FORM

Date: _____ Semester: _____

Client: _____ Date of Birth: _____

Emergency Contact Name: _____

Relationship to client: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____

Work Phone #: _____

Cell Phone #: _____

E-mail Address: _____

Person who will be bringing client to therapy: _____



MEDICAL RELEASE FORM
(This form is to be filled out by your doctor)

Your patient has requested the service of a speech language pathologist and/or audiologist. The patient will be receiving these services at the SLP Clinic at Widener University. We appreciate your informing us about your patient's general health and immunization status. Thank you.

Patient's Name: _____ Date: _____

If the patient is a child, is his/her immunization up to date? Yes No

Please describe any medical conditions that may affect the patient's ability to participate in a speech, language, and hearing evaluation or therapy?

Is there a history of seizures or other sudden changes in consciousness that we should be aware of?

Is the patient taking any medications regularly? If so, what for and are there side effects we should be aware of?

Please describe any pertinent medical conditions or findings:

M.D. _____

Address: _____

Phone: _____



AUTHORIZATION TO RELEASE CLINICAL RECORDS

Name of Client: _____

Phone: _____

Date of Birth: _____

I authorize the Speech-Language Pathology Clinic to release all clinical records to the following individuals:

Name: _____ Phone: _____
Address: _____ City, State, Zip: _____
Relationship: _____

Name: _____ Phone: _____
Address: _____ City, State, Zip: _____
Relationship: _____

Name: _____ Phone: _____
Address: _____ City, State, Zip: _____
Relationship: _____

By signing this form, you are authorizing the use or disclosure of your protected health information as described above. This information may be re-disclosed if the recipient is not required by law to protect the privacy of the information.*

By signing below, I represent and warrant that I have authority to sign this document and authorize the use or disclosure of protected health information and that there are no claims or orders pending or in effect that would prohibit, limit, or otherwise restrict my ability to authorize the use or disclosure of this protected health information.*

Signature

Date

Name (Print)

Relationship to Client

*This authorization expires upon discharge from services.