UW Speech & Hearing Clinic

Audiology & Speech-Language Pathology
Graduate Clinician
Policies & Procedures Manual
2016-2017

The mission of the clinic is to be a center of excellence in education, research, and clinical practice within the community serving speech, language, and hearing needs.

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Seattle, WA 98105
Phone: (206) 543-5440
Clinic Fax: (206) 616-1185
Clinic Email: shclinic@uw.edu
Clinic Website: shclinic.washington.edu

SPHSC Department Fax: (206) 543-1093
Department Website: depts.washington.edu/sphsc/
Department Intranet on Sharepoint: www.sphsc.net
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INTRODUCTION

The Speech and Hearing Clinic located within the Department of Speech and Hearing Sciences at the University of Washington serves as a teaching laboratory for research, education and clinical service practice. The information contained in this policies and procedures manual is intended to guide graduate clinicians through their clinical practicum experiences while working as graduate clinicians in this clinic. Additionally, it supports the faculty as they work within the clinic. Additional information regarding the clinic and all aspects of the department can be found on the department website at http://depts.washington.edu/sphsc, on SPHSC Sharepoint, and on individual clinical practica websites.

The professional services that are provided in this clinic are integral to the graduate education program in speech-language pathology and audiology. Services are offered to the university community and the general public. The University of Washington does not discriminate on the basis of race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, or disability.

Supervised graduate clinicians provide prevention, screening, assessment and treatment services for children and adults across the lifespan with a wide range of communication and related disorders. Clinical supervisors who are certified by the American Speech-Language-Hearing Association (ASHA) and licensed by the Washington State Department of Health supervise graduate clinicians in clinical practica (graduate clinical courses) in their respective area of specialty. Clinical supervisors are ultimately responsible for all services provided to our clients.

While learning and working in our clinic, students are responsible for knowing and following the contents of this manual. In addition, students are invited to ask questions should they find the content unclear. Effective and efficient communication in the clinic is essential.

Welcome into our department and into our clinic,

Nancy Alarcon  Julianne Siebens  Jordan LeGros and Michelle Holing
Clinic Director  Clinic Manager  Patient Services Specialists
# PERSONNEL & FACILITIES

## CLINIC STAFF

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Position/Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic Director</td>
<td>Nancy Alarcon</td>
<td></td>
</tr>
<tr>
<td>Clinic Manager</td>
<td>Joan Hanson</td>
<td></td>
</tr>
<tr>
<td>Clinic Staff - Audiology</td>
<td>Jordan LeGros</td>
<td></td>
</tr>
<tr>
<td>Clinic Staff - SLP</td>
<td>Michelle Holing</td>
<td></td>
</tr>
<tr>
<td>SPHSC HIPAA Privacy Officer</td>
<td>Nancy Alarcon</td>
<td></td>
</tr>
<tr>
<td>SPHSC HIPAA Security Officer</td>
<td>Stephen Bangs</td>
<td></td>
</tr>
</tbody>
</table>

## SUPERVISORS & AREAS OF CLINICAL PRACTICA

<table>
<thead>
<tr>
<th>Supervisors</th>
<th>Clinical Practica</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alarcon, Nancy, M.S., CCC-SLP</td>
<td>Adult Speech/Language &amp; Neurogenic Disorders</td>
</tr>
<tr>
<td>Anderson, Susan, AuD., CCC-A</td>
<td>Diagnostic Audiology, Hearing Aid Fitting &amp; Dispensing</td>
</tr>
<tr>
<td>Burns, Mike, Ph.C., CCC-SLP</td>
<td>Adult Speech/Language &amp; Neurogenic Disorders</td>
</tr>
<tr>
<td>Caldwell, Megan, M.S. CCC-SLP</td>
<td>Adult Speech/Language &amp; Neurogenic Disorders</td>
</tr>
<tr>
<td>Daniels, Jacqueline, MA, CCC-SLP</td>
<td>Adult Speech/Language &amp; Neurogenic Disorders</td>
</tr>
<tr>
<td>Dowden, Patricia, Ph.D., CCC-SLP</td>
<td>Speech/Language &amp; Neurogenic Disorders, Augmentative &amp; Alternative Communication</td>
</tr>
<tr>
<td>Dunlap, Julie, M.S., CCC-SLP</td>
<td>Pediatric Articulation and Language</td>
</tr>
<tr>
<td>Jennifer Gray, AuD., CCC-A</td>
<td>Diagnostic Audiology</td>
</tr>
<tr>
<td>Harney, Martha, M.S., CCC-A</td>
<td>Diagnostic Audiology &amp; Rehabilitative Audiology, Hearing Aid Fitting &amp; Dispensing, Fieldwork Placement Coordinator - Audiology</td>
</tr>
<tr>
<td>Illich, Lisa, M.C.S.D., CCC-A</td>
<td>Rehabilitative Audiology</td>
</tr>
<tr>
<td>Jacobsen, Karen, M.S., CCC-SLP</td>
<td>Pediatric Articulation and Language</td>
</tr>
<tr>
<td>Kapsner-Smith, Mara, MS, CCC-SLP</td>
<td>Voice</td>
</tr>
<tr>
<td>Kokaly, Melissa, MS, CCC-SLP</td>
<td>Fluency</td>
</tr>
<tr>
<td>Krings, Kate, M.S, CCC-SLP</td>
<td>Pediatric Articulation and Language, Fieldwork Placement Coordinator SLP Public Schools</td>
</tr>
<tr>
<td>Leighton, Kelsey, M.S., CCC-SLP</td>
<td>Adult Speech/Language &amp; Neurogenic Disorders, Fieldwork Placement Coordinator SLP Medical/Non-Schools</td>
</tr>
<tr>
<td>Mancl, Lisa, M.S., CCC-A</td>
<td>Diagnostic Audiology - CHDD</td>
</tr>
</tbody>
</table>
Miller, Christie, PhD, CCC-A  Diagnostic Audiology  
Hearing Aid Fitting & Dispensing  
Rehabilitative Audiology  

Nehilla, Lauren, M.S., CCC-SLP  Pediatric Articulation and Language  

Nevdahl, Marty, M.S., CCC-SLP  Voice & Fluency  
Adult Speech/Language and Neurogenic Disorders  

Robinson, Dana, M.S., CCC-SLP  Pediatric Articulation and Language  

Snow, Laura, Ph.D., CCC-SLP  Pediatric Articulation and Language - CHDD  
Thorne, John, Ph.D., CCC-SLP  Pediatric Articulation and Language - CHDD  

**HOURS OF OPERATION**

<table>
<thead>
<tr>
<th>CLINIC HOURS</th>
<th>Autumn Quarter through Summer Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic Entrance</td>
<td>7:45 a.m. - 5:00 p.m., Monday – Friday</td>
</tr>
<tr>
<td>Clinic Office</td>
<td>8:00 a.m. - 5:00 p.m., Monday - Friday</td>
</tr>
</tbody>
</table>

Therapy Rooms  Open to graduate students 24/7 unless otherwise indicated.  
*Note: Audiology Testing Booths and Exam rooms are locked after business hours.*  

Computer Labs  Doors are opened by approximately 7:45am and closed at 5:00pm; FOB access afterhours; Graduate students and Faculty/Staff only  
The last student to leave the room for the evening is responsible for closing the door.  

Room 165 & 185  (Materials Rooms)  Open 24/7  

<table>
<thead>
<tr>
<th>CLINIC HOURS</th>
<th>Summer Break (between Summer and Autumn Quarters)</th>
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</thead>
<tbody>
<tr>
<td>Clinic Entrance</td>
<td>7:45 a.m. - 4:30 p.m., Monday – Friday</td>
</tr>
<tr>
<td>Clinic Office</td>
<td>8:00 a.m. - 4:30 p.m., Monday – Friday</td>
</tr>
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</table>

**FACILITIES**
The Speech and Hearing Clinic is located in the School of Social Work/Speech and Hearing Building. The Clinic occupies the first floor and a portion of the lower level (“C”) floor, at the north end of the building. See the “Building Access” section of this manual for a list of rooms and location of those rooms in the Clinic.  

**Mailing Address:**  University of Washington Speech & Hearing Clinic  
4131 15th Avenue NE  
Seattle, WA 98105  

**Phone:**  (206) 543-5440 (voice and TTY)  
After-hours clinic emergency contact: (206) 601-4982 (N. Alarcon)  

**Fax:**  (206) 616-1185  
**Email:**  shclinic@uw.edu  
**Web site:**  shclinic.washington.edu  

**RIGHTS and NON-DISCRIMINATION/AFFIRMATIVE ACTION**
The UW Speech and Hearing Clinic abides by the UW policies regarding non-discrimination and affirmative action with regard to its faculty, staff, students and clients and their families. The specific policy should be reviewed and can be found at: [http://www.washington.edu/admin/rules/policies/PO/FO31.html](http://www.washington.edu/admin/rules/policies/PO/FO31.html)

The UW Speech and Hearing Clinic faculty, staff and students hold paramount the welfare of each client and their family/caregiver members. This includes upholding a client’s rights during all encounters. A copy of the client’s “Bill of Rights” is posted in the waiting area.

## CLIENT PROCEDURES
### For Audiology and SLP Clients

#### CLIENT APPLICATION & SCHEDULING
Clients requesting services from the Speech and Hearing Clinic will self-refer or may be referred by an agency or individual in the community. Please review the content on the clinic website to be familiar with how our clients may seek our services, and the applications we ask them to submit.

When a prospective client wishes to be seen in our clinic, they will be asked to complete the following:

1. Registration Form appropriate to the services requested
2. Consent of Services Agreement
3. Notice of Patient Privacy
4. Mutual Exchange Agreement – applicable if they wish to share records with others
5. Advance Beneficiary Notice (ABN) – when applicable

An overview of the clinic, including our mission, the fee system, parking, etc., is explained to prospective clients at the time they request service. The information is also provided in our welcome letter and is available on our website.

All applications are reviewed for appropriateness of referral to this clinic, and medical, school, and related histories are requested from the client and outside agencies as needed. In some cases, appointments occur before a registration form can be sent to the client and returned by mail. Should this happen, we will request that the registration and agreement forms be hand carried or faxed to the clinic office a few days or hours before the appointment. If the registration forms have been sent and returned by fax, the client must provide the clinic with the original signed Consent for Services Agreement, Notice of Patient Privacy, and Mutual Exchange Agreement forms containing original initials or signatures at the time of the first appointment.

Prior to receiving any services in the clinic, the client or his/her legal guardian must review and sign each of the above noted forms. These forms assure that we have the client’s informed consent for the services provided in this educational institution. These forms must be maintained in the client’s file. In addition, clients who are presently on Medicare are requested to sign the ABN form. The clinical supervisor will review this form with the client and graduate clinician.
On the 1st appointment, it is your responsibility to be sure these forms are signed and on-file:

1. Consent of Services Agreement (on white paper)
2. Notice of Patient Privacy (green)
4. ABN (white)

CONFIDENTIALITY

It is unethical and illegal to share information in any medium (e.g., verbal, written, text, recorded) about a client without the signed consent of the client or the client's parent/legal guardian. A suspected violation of protected health information must be reported to the UW SPHSC HIPAA Privacy Officer for investigation and resolution.

If information of any kind is to be exchanged with another person or agency, be certain we have a properly completed and up-to-date release form in the client's file. This form is blue and is titled the Mutual Agreement for Exchange of Information. Additional information regarding this form is outlined under “Obtaining Medical/School Records & Releasing Client Information.”

Never discuss information about any client with anyone outside the clinic unless a signed consent from the client is on file. Avoid general discussion in the reception area and waiting rooms, hallways, or outside of the clinic. Discuss client related information only in therapy or diagnostic/exam rooms, the materials/work rooms, offices, or in your related SPHSC classes when privacy can be assured. Information concerning a client, whether in the client file, client materials, client email, or on audio or video recordings, is confidential. These are legal documents that represent the client’s activities in our clinic.

Whenever there is significant activity regarding your client (e.g., phone call, outside report received, and filing your own report), you must document that activity on the File Activity Log and date and initial that entry.

Clients or their guardians have provided information with the understanding that their information will be held in confidence and used only for the proper provision of services at this clinic. For this reason, it is imperative that the client file not be removed from clinical laboratory areas, nor should it be copied without the client's/guardian's knowledge and written consent.

SCHEDULING THE CLIENT FOR AN EVALUATION

The office staff or the clinical supervisor typically schedules evaluation appointments. Students are then assigned to a diagnostic clinic or to a specific diagnostic case. The following information outlines specific clinics:

a. For Pediatric speech-language evaluations (PSLE): The PSLE Supervisors schedule these evaluations with the office staff. Rooms 178 and Rm 184 are typically reserved on Sphintra for these appointments for the entire quarter.

b. For Audiology evaluations: the Audiology Receptionist schedules all appointments. Students are assigned to a Dx Clinic. The Audiology Examination rooms are automatically reserved and are assigned by the supervisors.
c. For all other SLP and Aural Rehab evaluations throughout the quarter, students will be asked to reserve a room for the evaluation. Students also hand in a yellow Appointment Memo. This form is located in the Computer Lab and notifies the office that an evaluation should be added to the clinic “Office Hours” scheduling software. The student then actually reserves a room, and when necessary equipment, by using the web-based Sphintra Room Reservation and Equipment Reservation at http://depts.washington.edu/sphsc/sphintra.html.

SCHEDULING THE CLIENT FOR TREATMENT

“Typical” Treatment Scheduling Procedure
1. Meet with your supervisor to plan your schedule for therapy.
2. Call the client and schedule therapy. To ensure privacy and your security: use a clinic phone and do not use texting to communicate.
3. Locate a therapy room that meets your needs and check the room reservation schedule on Sphintra for availability and to reserve the room for your sessions. If the room is available, reserve it with your last name and the name of your supervisor. Do not include the name of the client.
4. Fill out a yellow Appointment Memo form and hand it into the clinic office. This form must be handed into the office so that Clinic Staff can enter the appointment in “Office Hours”, the appointment and billing database. Inform your supervisor of your treatment time and room choice*.

*Please avoid having your clients show up unannounced. Notify the office of your schedule of therapy. This also ensures accuracy in billing.

Reserving a Treatment Room
All room reservations are made through Sphintra. One time and reoccurring appointments can be made using this system. If you need to use a room that is already reserved by someone else, please negotiate directly with that clinician. The clinic office staff is not responsible for filling out on-line room reservations for you. Please keep room reservation information up to date and accurate.

To Change Therapy Appointments
As the quarter progresses, you may have to make changes to a client's schedule. You should submit a new Appointment Memo for that client with the updated information AND update your room reservation on Sphintra. The Appointment form will replace your previous submission. It is important for the clinic office to keep an accurate schedule of appointments for billing purposes.

**Note: If you are unclear about any of these procedures, please review the PowerPoint tutorial on Sharepoint or ask the clinic office staff or your clinical supervisor for assistance if you have any further questions.

GUIDELINES FOR DIAGNOSTIC SERVICES
The graduate clinician’s supervisor must approve all diagnostic tests and procedures in advance. The diagnostic protocol may also include certain procedures or tests that are given primarily for your educational and professional preparation. In compliance with the ASHA supervision guidelines, your ASHA Certified Supervisor is present during a minimum of 25% of the diagnostic session. Our clinic supervises at or close to 100% for all diagnostics.
Audiologic Assessment
All audiologic testing will be conducted under the supervision of an ASHA certified audiologist. All Environmental Health and Safety evaluation results will be interpreted by an ASHA certified audiologist.

Speech-Language Assessment & Hearing Screening Guidelines
All speech-language assessments will be conducted under the supervision of an ASHA certified speech-language pathologist. All speech-language evaluations should include bilateral pure tone audiometric screening for the frequencies of 500, 1000, 2000, and 4000 Hz at 25 dB HL unless otherwise indicated. Screening instructions are posted by the audiometers. Audiometers are in the Materials Room 165.

GUIDELINES FOR TREATMENT SERVICES
• All therapy sessions will be conducted under the supervision of an ASHA certified speech-language pathologist or audiologist depending on the area of service.
• Therapy shall not be undertaken without being preceded by a diagnostic assessment of the client’s communication problem OR receipt of current assessment findings from a referring agency (e.g., school, hospital or private speech-language pathologist or audiologist).
• Assessment may occur during the first few sessions of treatment rather than in a separately scheduled evaluation.
• Client progress in therapy shall be assessed (formally or informally) and reviewed at the close of each University quarter for the purpose of communicating results of therapy to the client and/or family, identifying appropriate referrals, and determining the need to continue or discontinue therapy.
• Discharge from therapy is appropriate if one or more of the following conditions are present:
  1. Sufficient progress or goal attainment
  2. Lack of progress
  3. Other problems taking a higher priority (e.g., finances, transportation, health, etc.)
  4. Other extenuating circumstances
  5. Missed sessions: If a client has missed three (3) consecutive sessions, or a total of four (4) sessions, the decision for deferring services or discharge from services is at the discretion of the Clinic Director and Clinical Supervisor.
  6. Failure to pay an outstanding balance owed the clinic
  7. Client request to discontinue services.
  8. A specific policy within a clinic unit that may pre-determine a set number of quarters of services prior to discharge.
• In all instances, reasons for discharge shall be documented in the Final Case Summary report.

COUNSELING
Counseling regarding diagnostic and therapy results or procedures should be completed, under supervision, at the appropriate time during the provision of services. Discuss client concerns with your supervisor before discussing them with your client. During counseling sessions, you may give reasonable responses to questions from your client about diagnosis, prognosis, or type of therapy. If you are unprepared to respond and your supervisor is not in the session with you, it would be appropriate to say, "Let me speak with my supervisor and get back to you." A student, with supervision, may complete ongoing counseling as deemed appropriate. Depending on the nature and scope of the client's counseling needs, the client may be referred.
to professional counseling services in the community.

OUTSIDE REFERRALS
When an outside referral is warranted (e.g., Seattle Public Schools, Children’s Hospital & Medical Center, Division of Vocational Rehabilitation), your supervisor must initiate this referral, unless you have been asked by your supervisor to take on this responsibility.

CLIENT CHARTS
Client files or charts are healthcare records which are legally protected by HIPAA federal regulations. The clinic takes the protection of client records very seriously. Any actual or suspected violation of client records or breach of client confidentiality must be reported immediately to the SPHSC HIPAA Privacy Officer. The Clinic uses hard copy charts at this time.

ACCESSING CLIENT CHARTS
Requesting a Chart
Obtain an 8 1/2 x 11 red and buff Out Card from the Student Computer Lab or Materials Room and legibly fill in your last name, client's name, and date taken. Go to the reception desk and give the Out Card to the office staff. An Out Card is needed for EACH chart you are checking out as they hold the place for the chart in the filing cabinet.

Using a Chart
Charts may be used in the Materials Room, the Student Computer Lab, the Audiology Work Room, Eagleson 211, your Supervisor's office, and in clinic rooms on the main and lower floors. Charts should not be read in the waiting room or hallway, and must not be left unattended in a public space. If you are leaving your workspace for only a few minutes, you must secure the file or ask a classmate to guard your file. We must observe the law and respect a client's right to confidentiality and see that charts are used properly and returned to the office when not in use. Inappropriate use of a client chart must be reported to the SPHSC HIPAA Privacy Officer immediately and may impact a student’s ability to participate in clinical practica and continue in the program.

Returning a Chart
Return the file (chart) to the green box at the reception desk. If, for any reason, the file is given to a supervisor or staff member, notify the receptionist to change the name on the Out Card.

Files should be returned on the same day that they were checked out IF they are no longer needed by the clinician. However, files may be kept for after-hours access if stored in the locked cabinet in the Student Computer Lab or the locked Audiology Cabinet. Files must NEVER be removed from the Department. Files kept in the secured SCL cabinet are reviewed or removed periodically by clinic staff and returned to the office. Audiology supervisors manage the locked Audiology Cabinet.
CLIENT CHARTS AND RECORD KEEPING
Each client has a chart/file folder in the main office. A file is a legal document and is regarded as property of the UW Speech and Hearing Clinic.

The left side of the file folder contains administrative information filed chronologically with the most recent information on top. The right side of the folder contains clinical information, again with the most recent information on top, and with the File Activity Log (see sample below) always remaining on the top. All additions or changes to the client’s file must be entered in the daily log as follows:

<table>
<thead>
<tr>
<th>Client File Content Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Left Side</strong></td>
</tr>
<tr>
<td>File Activity Log</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Clinic</td>
</tr>
<tr>
<td>➢ Application</td>
</tr>
<tr>
<td>➢ HIPAA Privacy form (green)</td>
</tr>
<tr>
<td>➢ Consent for Services; fees;</td>
</tr>
<tr>
<td>(white)</td>
</tr>
<tr>
<td>➢ Mutual Exchange of</td>
</tr>
<tr>
<td>Information/Releases (blue)</td>
</tr>
<tr>
<td>➢ DSHS Coupon Copies</td>
</tr>
<tr>
<td>Intake Form (yellow)</td>
</tr>
<tr>
<td>External Information (reports,</td>
</tr>
<tr>
<td>tests, and other information</td>
</tr>
<tr>
<td>supplied by an outside source)</td>
</tr>
<tr>
<td>Emergency Information Form</td>
</tr>
<tr>
<td>Updated Contact Information</td>
</tr>
</tbody>
</table>

CONFIDENTIALITY WITH CLIENT RECORDS – PASSWORD PROTECTION
You and your supervisors may exchange client information via email and attachments in an effort to complete clinical work. Your supervisor may also prefer to have you upload documents to UW Google docs or a UW Catalyst site. No other cloud service or unique storage system is acceptable unless approved by the UW SPHSC HIPAA Privacy Officer.

We must make every effort to ensure that the exchange of information is secure to protect PHI. Please observe the following:

- Email: If it is necessary to identify a client in an email (cancelled appointment, change in schedule etc.), use INITIALS ONLY. You can identify the supervisor, the day of the appointment, the unit (i.e., neuro, voice, etc.), but do not use the client's first and/or last name in email communication.

- Communicating with Client or Guardian/Family: If you communicate directly with a
client or client's family/guardian via email, use ONLY your UW email. We have internal security via the UW servers.

- Texting or Instant Messaging Clients and/or Caregivers is not permitted.

- Clinical Documents:
  
  o If client documents (i.e., Lesson plans, SOAP notes, Evaluation report, final case summaries, cover letters, etc.) are being sent back and forth via email for Student/Supervisor editing or review, the documents must be "password protected" and must have PHI deleted until the final printing. In other words, you must not include full name, address, phone number, etc. until the final printing.
  
  o Final printing occurs in the Clinic; not at your home. This ensures that you are not transporting protected health information.

**Password protecting documents:**

Here's how you can password protect a document using WORD on a PC or MAC. Follow these general guidelines keeping in mind that your WORD application might have a variation on these steps:

1. Create the document (this is the lesson plan, SOAP note, report or cover letter you are writing)
2. On the File menu, click Permissions and then click on Encrypt with a Password.
3. In the Password to Open box, type a password*, and then click OK.
4. If the Reenter Password to Open box pops up, type the password again, and then
5. Click OK.
6. Click Save or Save AS and finish saving your document
7. Close the document and “test” your security by trying to re-open that document. It should require you to provide the password.

* Arrange with your clinical supervisor to have a "shared password".

From “Word's Help facility”: A password can contain any combination of letters, numerals, spaces, and symbols, and it can be up to 15 characters long. Passwords are case-sensitive, so if you vary the capitalization when you assign the password, users must type the same capitalization when they enter the password. When you create a password, write it down and keep it in a secure place. If you lose the password, you cannot open or gain access to the password-protected document.

**INFORMATION INCLUDED ON CLINIC DOCUMENTS**

Dates of Service: Always written as Month - Day – Year, so October 2, 2016 would be written 10-02-16.

Client Number: A client identification number is used for identification and billing. This number can be found on the client's file. It must be included on evaluation reports and final case summaries. The client number does not need to appear on a professional letter sent to an individual or facility outside of this clinic.
Whenever there is significant activity regarding your client (e.g. phone call, outside report received, filing your own report), an entry documenting that activity should be written on the **File Activity Log** and initialed by the individual (the clinician, clinical supervisor, or clinic staff) initiating the activity. Additionally, intra-clinic referrals, phone calls on behalf of the client, and faxing should be documented on the file activity log. Remember to sign and date each entry.

**SAMPLE FILE ACTIVITY LOG**

<table>
<thead>
<tr>
<th>UNIVERSITY OF WASHINGTON</th>
<th>DIAGNOSIS</th>
<th>ICD9 CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech &amp; Hearing Clinic</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**File Activity Log**

Client's Name ________________________  File # _____________

<table>
<thead>
<tr>
<th>Entry</th>
<th>Activity</th>
<th>Initials</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/12/14</td>
<td>Phone call from spouse. Requesting assistance with transportation. Referred to Metro Access; Spouse to schedule starting week of Oct 6</td>
<td>NBA</td>
<td></td>
</tr>
</tbody>
</table>

**CLINICAL WRITING & DOCUMENTATION OVERVIEW**

The development of professional writing skills is an important part of your educational experience. Support for professional writing skills is available through the Odegaard Writing & Research Center on campus (http://depts.washington.edu/owrc/). Please speak to your supervisor if you would like additional resources.

All documents are expected to show the highest level of professional competence and report-writing skill. The beginning graduate clinician will need to rely heavily on information and skills obtained previously during her/his college career and expend considerable energy in continuing to refine such skills. These reports become a permanent part of the client's clinical record, are legal documents, and are sent to other professionals or agencies when appropriate. Since each document represents the University, this department, and the profession, it must be of the highest professional caliber. There will always be differences among supervisors regarding style and nuances of report writing. Each clinical experience will broaden your repertoire of professional writing tools.

All reports, whether in initial or final draft stage, should be carefully proofread and should represent your best approximation of the final report. Typos, spelling, and grammatical errors are not acceptable. If an error is found after the report is printed it should be corrected and reprinted prior to mailing. If an error is found after reports are mailed and/or filed, an addendum should be completed correcting the error with a note for the reason for the correction. In addition, white out should not be used on any clinical documentation (e.g., reports, chart log, audiograms, etc.). If an error is made, you will be asked to recopy the document or draw a single line through the error, make the correction, state reason for the correction and then date and initial the error/correction.

**All documents are written in Times New Roman 12 pt Font** to provide consistency in presentation. Macro layouts for report headings and cover letter headings are available on the
student computers or from your supervisor. Students are responsible for entering special symbols into reports and, in all cases, are responsible for the accuracy and final appearance of the document. **Use SIL 93 for the International Phonetic Alphabet (IPA) diacritics** in clinical reports, unless otherwise instructed. If other symbols are used, example or context should explain the symbols.

Please use the client's full name on the heading of any report. Nicknames may be used in formal documents if you have stated the client's given name first.

All reports must include the following:
1. A cover letter must accompany each copy of a report sent from this clinic. Be sure that the name and address are positioned on the page so that they will appear in the envelope window when folded. The clinic letter template is set up for the correct spacing.
2. All necessary copies of each report.
3. A copy of each cover letter must be entered in the client’s file.
4. A clinical supervisor’s name and signature must be included on each report and cover letter.
5. All signatures must be present on each cover letter and report (clinic staff must hold a document if signatures are missing).
6. Avoid having the signatures as the only text appearing on the last page of a cover letter or report.
7. A supervisor must approve any exceptions to these requirements.

**EVALUATION REPORTS**
A report is written following a diagnostic evaluation. Your report becomes a part of the client's medical history. The following are generally accepted practices for completing Speech and Hearing Clinic Evaluation Reports in Audiology and Speech-Language Pathology:

- Evaluation Reports shall be completed (i.e., ready for mailing) within ten (10) working days following the completion of the diagnostic evaluation, unless otherwise indicated by your supervisor.
- Report formats may be specific to the practicum. Consult with your supervisor for preferred formats. However, remember to use Time New Roman 12pt font.
- The parties (i.e., client, parent/guardian, physician, etc.) who are receiving the report are listed with a “cc” at the end of the report. CC stands for “carbon copy. This is a record of who received a copy of the report. Before you submit your report for mailing, be sure that there are current (less than 90 days old) signed, dated, and addressed **Mutual Agreement for the Exchange of Information** forms on file for any individuals or facilities to receive copies of your reports or letters.
- Line Spacing: The final version must be single spaced in 12 pt font.
- Preferred Margins: One (1) inch for left, right, top, and bottom.
- The signature lines should include the name, degree, and title of each person signing the report.
- Adjust the spacing of your report so that the signature lines are not the only items appearing on the last page.
FINAL CASE SUMMARIES
A Final Case Summary is an “end-of-the-quarter” treatment report and is written at the end of each service period (generally at the end of each UW quarter). Reports typically include pertinent client history, a brief summary of previous therapy, and interpretation of recent assessment as well as, goals, procedures, progress, and recommendations. The specific format for the report may vary according to clinical assignment. A cover letter should be sent with a Final Case Summary.

FILING YOUR REPORT and SENDING DOCUMENTS OUT OF THE CLINIC
Fill out a pink Report Processing Request form. Attach all copies of the documents to be sent and filed and turn it in to the front office. Double-check for up-to-date releases and permission signatures. Hand in completed documents to the Office Front Desk for their processing.

OBTAINING MEDICAL/SCHOOL RECORDS & RELEASING CLIENT INFORMATION
It is often necessary to send a report from the clinic, or to obtain medical, school, or related histories, or client records from an individual or facility that has provided service to one of our clients.

To send information: there must be signed Mutual Agreement permission on file to release information. It is necessary to have a release in place to communicate via written, verbal, or electronic method. The form that is used for this purpose is the Mutual Agreement for the Exchange of Information form*.

To request information: there must be signed Mutual Agreement permission on file to request information. In addition, the clinician will also need to fill out a Disclosure of Healthcare Information Form that is sent to the outside agency. Include full names and date of birth (DOB) on the form. Submit this form to the office.

* Note: The signed Mutual Agreement form is valid for ninety (90) days from the date of signature. If it is older than ninety days, the signature must be updated. The person who signs the release must be legally responsible for the client (i.e., the client themselves, the parent, or legal representative). It is the graduate clinician's responsibility to make sure current releases are on file before submitting a request to the office to release or obtain a client's records or prior to speaking with others. There must be a release on file for each individual or facility to be contacted. Legible names and addresses must appear on each release.
FEES AND BILLING

PAYMENT OF CLINIC FEES
We are a private-pay clinic, which means we ask clients to pay for their own services. Unless otherwise indicated by the Clinic Director and Clinic Manager, fees apply to all clients receiving speech, language, and/or hearing evaluation or treatment services. It is important that the graduate clinician reiterate to the client that payment for service should be made at the time of the appointment. The clinic office is ready to assist your client/family in managing their account. It is the clinician’s responsibility to be sure that your client has made arrangements to pay for services. Please see sample billing slips below for current rates. Fees are subject to change. The following information will help you manage your client’s questions:

- **Insurance**: As explained on the welcome letter/cover sheet of the clinic's application, we do not process insurance paperwork and, therefore, do not bill insurance companies at this time. At a client's request, however, we can provide an Itemized Statement/Insurance Report showing exact dates of service, diagnosis, and fees paid by the client. Our tax I.D. number is on the bottom of the form. We will provide a client with an Itemized Statement once the bill is paid. If additional paperwork is necessary, we will be happy to provide copies of Evaluation Reports or Final Case Summaries. The client must manage correspondence required by the insurance carrier. For this reason, all paperwork necessary for the client to pursue reimbursement is sent directly from the clinic office to the client. The Clinic Manager is able to assist you and your client in addressing insurance and fee questions.

- **Fee Sliding Scale**
  It is important to remember that the clinic's fees are substantially lower than the average charge for similar services at other clinics, with the exception of hearing aids, assistive listening devices and hearing aid supplies. For this reason, it is expected that clients will make every effort to pay fees in full. With the approval of the Clinic Director and Clinic Manager, a clinical supervisor may request a fee adjustment to ensure the availability of clients for graduate practica teaching purposes. In circumstances of extreme hardship or for clients on a fixed reduced income, the Clinic Manager and the Clinic Director may authorize a reduced fee. In this case, a client may complete a Request for Fee Reduction form. The form is available from Clinic Staff. This form must be filled out by the client or guardian, and submitted to the office for review and final determination. Exceptions to standard fees must be carefully documented by the clinic office. Fee reductions are not retroactive.

- **DSHS/Medicaid**: A limited number of therapy and diagnostic appointments are reserved for Medicaid/Department of Social Health Services (DSHS) clients each quarter, as we see individuals with DSHS/Medicaid coverage (Provider One) at no charge when the service is covered by Medicaid. We do require a client or guardian of the client to provide the office with a valid Provider One Insurance card (a copy of the card will be added to the chart) while receiving services in the clinic.

- **Fee Exemptions***
  The following categories of clients are exempt from fees:
1. Persons who are seen for purposes of serving as training cases in the absence of other clients to meet the practica needs of the students; approved by Clinic Manager/Director
2. Persons who are recruited for research projects
3. SPHSC graduate students, SPHSC undergraduate/post-baccalaureate majors, and employees of the SPHSC department.

*Note: The cost of hearing aids, hearing aid equipment and ALD equipment is not applicable to this exemption; the cost of materials and equipment/tools related to communication systems and devices does not apply to this exemption as well.

CLIENT ATTENDANCE
Ask the client to notify you when they must be absent by calling the clinic at (206) 543-5440 or by email at shclinic@uw.edu. Be sure that on that same day, you notify the office that the appointment has been canceled by submitting the Billing slip (purple form; discussed below) with “cancel” circled. Recurrent client absenteeism should be reported immediately to your supervisor, as it impacts your clinical education. At your discretion you may communicate with your client via email. Give your client the clinic phone number, but never your personal home or cell phone number. Make sure your client or her/his guardian has your complete name and your supervisor's complete name so that messages will be directed to the appropriate individuals. Clinic staff will contact you via email to inform you of a cancellation. It is your responsibility to check your email daily. Providing your client with a Quarterly Welcome Brochure is a great way of communicating this information.

TRACKING OUR CLINICAL SERVICES
For billing purposes it is important to track exactly which appointments have been scheduled for each day. The office relies on several components to monitor client attendance. These include:

1. the Office Hours Schedule (appointment scheduling software)
2. the Client Sign-In Log (clipboard at the front desk window)
3. the Billing Slip (purple billing slip – located in each clinic room)

Office Hours Schedule
The clinic office maintains the appointment schedule on Office Hours, which includes the client's name, supervisor, graduate clinician, appointment time, room location, appointment type, the amount to be charged, and the starting and ending dates of therapy. This schedule assists in billing accuracy and helps everyone in locating someone in the clinic.

Client Sign-In Log
Each client is asked to sign in upon arrival. Please encourage parents/guardians to sign in for the client as needed. The log is located on a clipboard at the reception desk. This helps to confirm attendance and billing.

Billing Slip
Purple Billing slips are used for all appointments even if there is no fee for the session. At the conclusion of a session, please fill out a billing slip, hand it to the client or parent, and ask him or her to bring the slip to the reception desk for payment. Using this form encourages our clients to pay at the time of service. If your client has paid before the session, it is still your responsibility to either have him/her take the form to the front desk or take the form yourself.

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CLINICIAN PROFESSIONALISM

PROFESSIONAL CONDUCT
The department is accredited by the Council on Academic Accreditation, an entity within ASHA. Therefore our clinicians abide by the ASHA Code of Ethics. Please review the ASHA code in the Appendices and online at http://www.asha.org. The public views you as a professional graduate clinician. Your attitude, dress, and decorum should be that of a professional individual. Socialization with your client outside of therapy, while you are providing services, is not recommended. Please contact the Clinic Director if you have questions.

As this is an educational institution, your supervisor has complete responsibility for your clients and the services provided. Keep your supervisor apprised of all situations and events, which may impact your client and his or her family. Prior to discussing assessment findings, treatment recommendations, or conclusions with your client or their legal guardian, please clear this discussion with your supervisor. Do not contact an outside agency or discuss any aspect about your client without the client’s or guardian’s written permission AND your supervisor's knowledge and permission. Please read the section regarding Confidentiality of Records.

HIPAA and SAFE-GUARDING HEALTH INFORMATION
Each member of the Department of Speech and Hearing Sciences workforce who has access in some capacity to protected health information (PHI) must complete HIPAA Privacy training. Graduate clinicians must complete this training prior to the start of student orientation and must retain a copy of their completed certificate. In addition, clinicians must sign a Privacy, Confidentiality and Information Security Agreement to be kept on file in the department. Additional information regarding HIPAA privacy and security regulations related to our clinical services is available at http://depts.washington.edu/comply/hipaa.shtml.

The U.W. Speech and Hearing Clinic limit’s its use and disclosure of protected health information (PHI) as required by law and in accordance with University of Washington Policies and Procedures. Clinicians are responsible for ensuring that each patient receives our “Notice of Patient Privacy Rights (NPP).” In addition, each patient must sign a consent form acknowledging receipt of this information before receiving services in our clinic. The signed form is then placed in the client chart and so noted on the outside of the chart. Clinicians are asked to be familiar with the content of the NPP document as it relates to their clinical services.

See “Confidentiality with Client Records – Password Protecting” for explicit requirements when handling a client file for Audiology and Speech-Language Pathology services.

PROFESSIONAL ATTIRE
With trends in fashion, we run the risk of moving too far from what is considered professional attire for the work setting. Understand that each work setting establishes or sets its own standard and most facilities following OSHA standards. Your ability to be in a clinical placement in a setting may be adversely impacted if professional attire does not meet the standards of this clinic and the setting.

This document presents the standard for our department when in clinic or at an offsite
placement. Please speak with the Clinic Director if you have any questions or concerns regarding the following information on professional attire.

First and foremost, this information is meant to create the optimum professional environment, where clients, family, and visitors see us as providers of valuable services. If you would, please consider how you expect your physician or other professional provider to present to you during a professional appointment.

When providing clinical services, the standard is a minimum of "business casual." This includes clothing and appearance that is neat, clean, and appropriate for your responsibilities. When serving clients or family/partners, the following additional guidelines should be observed:

- Fingernails should be clean and neat.
- Fragrances including perfumes, cologne, body powder, hairspray, etc. should be kept to a minimum so as not to impact clients and co-workers in the clinical/work setting.
- Shorts, sweat pants, mini-skirts, denim jeans, hoodies, wrinkled t-shirts, low-cut tops, halter-tops, midriff-baring shirts or skirts or pants, or beach-style flip-flops are not appropriate during clinical services.
- It is ok to wear sandals as long as they are not flip-flops – use your best judgment.
  You will need to check with your offsite placement to confirm if sandals are permitted in the offsite facility. In accordance with OSHA standards, facilities do not allow bare legs, open-toe shoes or bare feet.
- If wearing light summer-weight fabric pants, slacks, or skirts: be sure they are not see-through, as some white or light fabrics are too revealing.
- Capri pants or crop pants are acceptable in our clinic if you would consider them professional. Be sure to check with your offsite placement, as the rule may be different.
- Male students are recommended to wear collared shirts and are invited to consider a tie; however a tie is optional in our clinic.
- Midriffs should be covered; underwear must not be visible. Consider how you will be moving in the session, especially getting up and down, reaching for something in the session, or sitting on the floor. Your body should remain appropriately covered even when in motion. Remember that you may have people in the observation room viewing you from the opposite direction than your client.
- Well-fitting tank tops or shells are acceptable; spaghetti strap tank top shells are not acceptable unless they are under something else like a jacket.
- Body piercings, other than traditional earrings that do not interfere with the outpatient, must be removed or covered during services. If it is medically necessary to wear a piercing, you will be asked to provide a letter from your physician. Offsite placement rules may be more restrictive.
- Body tattoos should be discreetly covered during clinical services.

Lastly, on the days that you are not working in clinic, yet are moving through the clinic please be aware that our clients and their families are still seeing you. We'll trust that you'll use your best judgment so the focus is on patient care. Please speak with the Clinic Director if you have any questions or concerns. Thank you in advance for all that you do to make this a remarkable clinic in the eyes of our customers.
PUNCTUALITY
Punctuality is key! Apologize for even the slightest delay in an appointment when you first greet your client. If you know you cannot meet a given schedule, notify your client, supervisor, and the office. You are expected to meet your clinical responsibilities except in case of injury, communicable illness, family death, or severe inclement weather. If you cannot meet your clinic appointment you are responsible for notifying your client, clinical supervisor, and the clinic staff. If your supervisor is not available, be sure to leave a message for her/him. Be sure to speak with the office so they know of the cancellation in case the client comes to the clinic and to ensure accurate billing.

NAMETAGS
Nametags are provided for use in our clinic. Clinicians should wear their authorized nametag or photo ID when working with clients. This assists the client and family to readily identify you as a graduate student professional in the clinic, as well as learn your name. Request a replacement nametag through the Clinic Office.

CLINICIAN ACADEMIC PROGRESS
Professional communication is central to creating a productive, healthy, and rewarding work environment. This is especially essential when we provide session feedback, and discuss clinical performance and progress in the respective academic degree program. We strive to provide constructive feedback after each session, whether that feedback speaks to accomplishments or areas of difficulty. We ask graduate clinicians to offer their input, feedback and ideas in a professional and constructive manner at all times. Clinical practica is a formative learning environment where the graduate clinician is building on their skills across each quarter, and across the course of their degree program.

GRADING AND STUDENT EVALUATION OF CLINICAL PRACTICA
A. FOR ALL STUDENTS
All practica are graded on a credit/no credit (C/NC) basis. The UW grading policy is as follows: “The standard for granting credit in credit/no credit is the demonstration of competence in the material of the course to the instructor’s satisfaction.” Students receiving NC must repeat that particular practicum successfully to receive credit unless otherwise determined by the department. Clinical clock hours toward ASHA certification will not count in a practicum with a grade of NC.

1. At the beginning of each term, supervisors and students should review the standard competencies for the particular practicum. Performance and progress on those competencies determine whether a student receives credit for the practicum. Experience level of a student needs to be taken into account when judging performance on competencies.

2. Mid- and final-term written evaluations should be held to discuss student progress. These should contain details about performance, particularly items relevant to concerns and will be documented in the Student Clinical Evaluation on Typhon for all AuD and SLP grads. The Typhon online reports serve as a record of academic clinical performance and clock hours obtained and an electronic or hard copy should be kept by the student until after ASHA certification has been granted.
3. Using Typhon:
   a. A Student Clinical Evaluation will be completed by your supervisor online via Typhon.
   b. ASHA Clock hours for each patient encounter will be documented by the student via Typhon. Case Log will be verified by the respective supervisor.
   c. Time Logs will be kept to document related professional workload.
   d. Training for the use of this system will be provided on an ongoing basis by the Faculty. Please direct questions to Nancy Alarcon, Administrator of Typhon.

B. FOR A STUDENT WHOSE ACADEMIC PERFORMANCE IS OF CONCERN

During the course of the quarter, a supervisor may determine that a student is not performing as expected on required competencies. Guidelines for identifying, evaluating, and supporting students who are performing less than adequately include:

1. Supervisors should identify, as early as possible, a practicum student whose performance is of concern. The supervisor should begin documenting a student’s areas of difficulties as well as areas of growth. Specific, detailed notes should be kept by the supervisor and shared with the student. The student should ask for specific feedback to be aware of their academic clinical performance.

2. Difficulties identified by the supervisor should be shared with the student immediately.

3. A Plan of Improvement with specific goals should be developed with the student, with clear expectations for reaching these goals and receiving credit for the practicum experience. From midterm until the end of the quarter, the supervisor should keep detailed notes and the student should receive frequent, written feedback related to the Plan. The student of concern may be discussed at a Supervisors’ meeting for the purposes of gathering ideas about how to best support performance. Credit/no credit for the experience will be given based on the student’s ability to reach the identified goals and required competencies.

4. The student should be notified that the Interest Area Head, the Academic Advisor, and the Graduate Program Coordinator (GPC) will also be alerted.

5. At any time during this process a student has concerns about the supervisor’s feedback or evaluation, the student should request an appointment with the Clinic Director, the Academic Advisor or Director of Student Services. A joint conference may be arranged with these individuals as well. An Incomplete (I) should be given only if a student cannot complete a practicum due to illness or some other emergency.

6. Should the student receive “no credit” for the rotation, the Case Logs, and when relevant the Time Logs, are marked as “Not approved.”

7. Please refer to the Graduate Program Guide for specific information regarding performance policies and procedures.

SUPERVISOR FEEDBACK

Students are asked and encouraged to give constructive verbal and written feedback to their clinical supervisors throughout their program. In addition, each supervisor typically gives out an “Instructional Assessment” form for each supervisee, or students are asked to complete an online survey at the end of the quarter. The Department Chair, Clinic Director, Academic Advisor, Director of Student Services, Graduate Program Coordinator, Department SPHSC Ombudsman, and UW Ombudsman’s office are readily available to students as an avenue for providing supervisory feedback, conveying concerns, answering questions, and problem-solving.
CLOCK HOURS

SPHSC GUIDELINES FOR GRADUATE CLINICAL CLOCK HOURS

In keeping with ASHA and Washington State Department of Health guidelines for supervision, the University of Washington Department of Speech and Hearing Sciences, its clinic, and its affiliated sites observe the following standards for the supervision and acquisition of ASHA clock hours in the areas of Speech-Language Pathology and Audiology.

A. Speech-Language Pathology Supervision:

Individuals who hold the Certificate of Clinical Competency in Speech-Language Pathology may supervise graduate students in the area in which they are certified. Each clinical supervisor in the department also holds a current license in the area of Speech-Language Pathology or Audiology offered by the Washington State Department of Health.

An SLP graduate student’s clinical activities should be supervised at 25% in accordance with ASHA standards. However, the following minimum standards are observed in our clinic:

- An average of 25% supervision of clinical treatment activities
  - Example: a minimum of 30 mins/week for every 2 hours of treatment
- An average of 50 to 100% supervision of diagnostic activities
  - Example: a minimum of 1 hour for a two-hour evaluation

The SLP graduate clinician will be expected to keep track of his or her direct clinical contact time, as well as any time in parent/family/patient conferences and workload responsibilities.

- Using Typhon, you will have 3 days following each client encounter, to enter your “Case Log” data which includes your clock hours.

When students are working in a team assignment in treatment or diagnostics, each student must have designated responsibilities during that specific time of service in order to legitimately count the time toward ASHA clock hours.

ASHA clock hours in Speech-Language Pathology:

SLP graduate clinicians will keep track of a range of professional responsibilities for each client encounter (Case Log) via Typhon. This will include counting direct client/patient and family/caregiver contact time. Additionally, students will track other clinical work related time in Time Logs that will not count toward the ASHA Clock Hours. For direct client contact time to be counted toward your ASHA Clock Hours, the graduate clinician must have been engaged in the planning, implementation, and analysis of the session.

When more than one clinician is working with a single client and/or a relevant family member or guardian, or in a group treatment session, or the student is co-treating with a supervisor, each clinician must be actively engaged in the planning, implementation, and analysis of the session in order to receive clock hour credit for the direct contact time. A session may include formal and informal assessment, clinical observation and judgment of client behavior in the course of providing assessment and/or treatment, delivery of treatment to the client and relevant partners, parent/family/partner/client conferences, and related professional activities provided in the course of prevention, screening, and assessment and treatment. Examples of
related activities include: a phone call with a client to discuss the case, a staffing with client support services, a telephone interview with family members.

Non-countable activities are very important in the scope of professional responsibilities and are part of the workload associated with a clinical assignment. Activities that are not eligible to be counted as ASHA SLP clock hours include: meeting with a supervisor or team members, planning the session, materials preparation, completing documentation, traveling to and from a site, etc. This professional time will be tracked via Typhon in Time Logs. However, these activities will not to be counted in the ASHA clock hour summary for SLP graduate students.

**B. AuD Supervision:**

In accordance with ASHA AuD clinical preparation standards, “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. Supervisors must hold a current CCC in the appropriate area of practice. The supervised activities must be within the scope of practice of audiology to count towards certification.”

The AuD graduate clinician will be expected to keep track of his or her clinical contact time, as well as any time in parent/family/patient conferences and workload responsibilities.

- First, Second and Third Year GraduateClinicians: Using Typhon, you will have 3 days following each client encounter, to enter you data online.
- Fourth Year Graduate Clinicians: you will continue tracking your hours as you have since the start of your program. At the end of the quarter you will enter hours in Sphintra for your supervisor to verify.

**ASHA clock hours in Audiology:**

Acceptable clinical practicum experience includes clinical and administrative activities directly related to patient care. These activities include direct patient/client contact, consultation, record keeping, and administrative duties relevant to audiology service delivery. Each practicum will involve a different amount of administrative duties.

*First, Second and Third Year AuD clinicians,* you will follow the Case Log and Time Log requirements in Typhon.

*Fourth Year Continuing AuD clinicians,* you will need to consult with your supervisor about documenting appropriate clock hours.

Clinical experience under the AuD standards must equal 52 weeks of experience, with a week of clinical practicum defined as 35 hours per week in direct patient/client contact, consultation, record keeping, and administrative duties relevant to audiology service delivery. The aggregate total is 1,820 hours of clinical practicum.
RESEARCH

CONDUCTING RESEARCH WHILE PROVIDING SERVICES IN THE CLINIC
Policy and Guidelines for Clients and Student Involvement
(Approved by Speech-Language Pathology and Audiology Faculty Revised Aug. 2005)

The University of Washington Speech and Hearing Clinic is primarily a facility for educating students by offering services to clients in the assessment and treatment of speech, language and hearing disorders. This facility, and practicum experiences, can and should also be used as a context for conducting clinical research. For all clients and students being considered for involvement in research of any type, supervisors should discuss the appropriateness of this opportunity.

Since the primary purpose of the Speech and Hearing Clinic is for educational and service purposes, guidelines for research implementation are required. The guidelines are as follows:

1) Data may be collected via typical clinical services through practicum if the client and the student clinician are conducting “business as usual.” These data might be used to explore the feasibility of a research question. The needs of the client and student completely guide the services that are being administered. Data collection corresponds to the kinds of data collection that would occur in the typical clinical setting for ongoing clinical decision making (i.e., that would occur normally). The Clinic Consent Form will cover this type of data collection. For clarification of “business as usual,” see UW Human Subjects Review Categories (Exempt for University Level Review)
http://education.washington.edu/research/ors/hs_policies.html#edpractice

2) Data collection that reflects a set research protocol, and that begins to deviate from the typical clinical services, requires different procedures. The UW Human Subjects Office must approve the research protocol/procedures and consent forms. No client will be enrolled in clinical research without informed consent. In addition, student clinicians participating in this type of research must be invited and have agreed to participate. They may be enrolled in an advanced clinical practicum experience or a SPHSC 599 Independent Study. The defining feature of this type of research is that although the research protocol drives some clinical decisions and clinical services, the services are still being delivered within the boundaries of the Speech and Hearing Clinic operations. The treatment is a treatment choice for the client, and most scheduling matches normal clinic operations. Client and clinician needs are respected, but the research protocol may at times take priority (with no risk or adverse effects to client or clinician). (For example, sessions may be lengthened, or an additional session may be scheduled each week so that extra probe data may be collected.) Since the research is being conducted within the boundaries of the Clinic Operations, fees for services may still be collected (part of Human Subjects review). Discussions among the researcher, supervisor, Clinic Director and students will be conducted to determine the fee structure (e.g., fees may be waived for the extra probe sessions).

3) Research that is experimental or not considered standard treatment should be considered beyond the SPHSC practicum experience and, therefore, conducted outside of clinical practica. In this case, client and student involvement occurs outside of practicum
operations. The researcher must have research protocol/procedures and consent forms approved by the UW Human Subjects Office. No client will be enrolled in this type of research without informed consent. In addition, student clinicians participating in this type of research must be invited and agreed to participate. They must be enrolled in a SPHSC 599 Independent Study. The defining feature of this type of research is that the research protocol drives clinical decisions and clinical services, and the implementation does not fit within standard clinic/practicum operations. Potential benefit to the client may be uncertain. In such circumstances, fees for services may not be collected. An example of this type of research would be implementing a treatment paradigm that is experimental or not typically recommended, or having an individual participate in a treatment that involves clinical sessions that do not correspond to the University of Washington calendar.

HEALTH & SAFETY

IMMUNIZATIONS
All graduate clinicians are required to be current in their immunization status for measles, mumps, rubella, hepatitis B, diphtheria, and tetanus prior to starting and throughout their degree program. Immunization monitoring and annual PPD and Flu shots will be provided through the University of Washington Health Sciences Immunization program at the designated cost to the student. There is a provision to submit a signed waiver if a student has medical contraindications or philosophical objections regarding immunizations. However, the SPHSC policy is designed to protect the student's health and to prevent institutional outbreaks of these contagious diseases. In addition, the SPHSC immunization policy places students in compliance with Federal and State guidelines followed by our community affiliations. The lack of up-to-date immunization records will affect the availability of all clinical assignments and placements. Detailed information regarding current immunizations was provided to each graduate student prior to the start of their 1st year in their area of study.

INFECTION CONTROL POLICIES AND PROCEDURES
The health and well-being of clients, their family members, clinicians and faculty/staff is held paramount at all times. If it becomes evident to you that a client has an infectious illness (e.g., Chicken Pox, Flu), the appointment should be canceled and rescheduled when the client's illness is no longer a potential threat to others in the clinic. Family members or others accompanying clients should not remain in the clinic (e.g., waiting rooms) if they have an infectious illness. Clinicians who become ill need to make the best judgment about seeing clients or canceling sessions and should speak with their supervisor(s).

According to the University of Washington Department of Bio-Safety and ASHA protocols, the type of bio-waste generated by this clinic is considered to be "household" in nature; therefore, no special disposal containers are necessary unless materials become contaminated with blood or bloody fluids. However, should a suspected “hazardous” spill/accident occur (e.g., emesis, urine, feces), please notify the office immediately so that the area can be managed.

ASHA encourages all providers of clinical services to follow the Center for Disease Control (CDC) "Universal Precautions" as modified for speech-language pathologists and audiologists. These precautions should be used with all clients. Suggested precautions were initially outlined in the ASHA (1990) article, AIDS/HIV: Implications for Speech Language Pathologist and
Audiologists. Essential precautions are included below:

- **Gloves (ASHA, 1990)** "Wear gloves when performing invasive procedures on all clients. This includes performing an examination of the oral speech mechanism, managing tracheotomy tubes, using laryngeal mirrors, conducting intraoperative monitoring, and using needle electrodes associated with EMG testing. Change gloves after contact with each client . . . After removing gloves, wash hands immediately." Discard gloves in the client's room or examination room before exiting.

- **Hand washing (ASHA, 1990)** "Wash hands immediately if they are potentially contaminated with blood or body fluids containing visible blood. Wash hands before and after seeing clients . . . Wash hands after removing gloves."

- **Clinic Policy on Disinfecting of Materials** This facility highly recommends the disinfection of reinforcement materials reused on clients (e.g., vinyl, rubber, plastic dolls, toys or balls--anything wipeable). Containers of disinfect wipes are available throughout clinic rooms, the SCL and the Materials Room. Items should be wiped and then wiped down with a paper towel. After use, immediately dispose of sanitary wipes and paper towels.

- **Tongue Depressors (ASHA, 1989)** Students should use tongue depressors when conducting oral-peripheral examinations with adults or children. Tongue depressors should be discarded promptly after use. Do not set contaminated/used tongue blades on a table or counter top--place them on a paper towel.

- **Impedance Probes, Vestibular Testing Supplies, Etc. (ASHA, 1989)** Disinfect impedance probes, irrigating tips or ENG electrodes, specula, etc., before re-use." Specific disinfectant procedures are available in the Audiology Clinic.

- **Clinical Equipment and Materials (ASHA, 1990)** The materials reuse guidelines found in the original ASHA article were quite strict, but consonant with CDC recommendations at the time. However, based on the most recent CDC information, all clinical materials (e.g., test items, audiometer earphones) and work surfaces not contaminated by blood, or bloody fluids bearing visible blood need not be cleaned after each use. Clinical materials may be cleaned with simple soap and water or, according to CDC, a 1:10 solution of household bleach to water. The manufacturer's instructions for cleaning and facility-specific infection control policies and procedures should always be followed when cleaning assessment and therapy materials. In direct client care, disposable materials should be used whenever possible, and never reused. It is best to use disposable or washable materials during all evaluation and therapy procedures.

- **Dressing and Tissues (ASHA, 1990)** Professionals should comply with the standard practices of the facility's environmental services. Used dressings and tissues (e.g., gauze, towelettes, alcohol wipes) may be disposed in the regular trash. Speech-language pathologists and audiologists are not normally required to use red bags as receptacles for refuse. Red bags are trash containers for infectious laboratory material, sharp objects, or other material that if handled casually, could be harmful to the individual unaware of the precautions for hazardous waste.

Note: Disinfectant wipes, Latex (and latex-free) gloves, tongue depressors, hand sanitizer, and paper towels are located in the Materials Room and most treatment rooms. Additional supplies are located in many diagnostic/treatment rooms and the clinic office.
BACKGROUND CHECK
Graduate clinicians are required by the department to have a current criminal history background check, and may be required in some clinical settings to have fingerprinting. This background check is in accordance with RCW 43.43.480 through 43.43.845. Specific information is provided to graduate clinicians prior to and during orientation.

UW CAMPUS SAFETY
The University has a website on violence prevention that can be found at www.safecampus.washington.edu. Often times, graduate clinicians are in SPHSC buildings after-hours. For your own personal safety, please be aware of how best to protect your personal safety, as well as prevent crime. Register online for UW campus alerts via email and text message. Use the UW Husky Ride program for after hours escort assistance.

PATIENT CARE: MOBILITY TRANSFERS AND RESTROOM PROCEDURES
Clinicians, faculty and staff will request a caregiver or family member of the individual receiving services to be present when the client needs physical assistance with transferring from wheelchair to chair or during ambulation in the clinic. We do offer stand by guard or minimal assistance but are not trained in physical support during transfers.

Should a client need attendant care in using the restroom, a caregiver or family member will need to be present. Individual clients who come to the clinic without family or caregiver assistance must be independent in voiding. Clinicians, faculty and staff are unable to offer physical assistance or supervision in that setting.

The clinic staff and clinic director should be notified if a client seeks mobility transfer or restroom assistance, as the caregiver and/or family will need to be notified of this policy.

EMERGENCY PREPAREDNESS
In the event of a fire, earthquake or other building emergency, we are required to evacuate the building and report to the grassy area on campus across 15th Ave. NE for further instructions.

If you are working with a client/family, please escort them to the designated evacuation area to ensure their safety as well. When the building has been determined to be safe to re-enter, department faculty/staff will notify everyone in the evacuation area.

It is highly recommended that you prepare a backpack with emergency supplies for yourself that can be stored in the department in the event you are stranded on campus for an extended period of time.

Please review the UW Emergency Management website for additional information and resources. http://www.washington.edu/emergency/

EMERGENCY & INCIDENT PROCEDURES
For any emergency (medical, fire, safety) call the University police at 9-911 on a UW land line or 911 on your cell phone. The following detailed procedures should be used in the event of an emergency:

1. Call out for help and stay with the person.
2. If needed, assign a specific person to call:
   a. 9-911 from a campus phone or 911 from a non-campus phone
   b. The UW Police Non-Emergency number is 543-9331
3. Clear any furniture away from the person.
4. Provide as much first aid as appropriate.
5. Do not leave the person unattended. Make sure person is as comfortable as possible.
6. Appoint a specific person to get the client file if applicable.
   a. Contact family or caregiver via the telephone.
   b. Look for medication information. This information may be found in the clinic report under the “subjective” section.
7. Wait for paramedics and escort them to the person.
8. Use best judgment if someone should accompany or follow the person to the hospital.
9. Write up an incident report:
   a. Date of incident
   b. Name of person
   c. Name of supervisor and student clinician
   d. Approximate time of incident
   e. Name of paramedic company
   f. Location of paramedic company
   g. Where paramedics are taking the person
   h. Account of incident (to the best of your knowledge)
10. File incident report with the Clinic Manager.
11. Offer feedback as to how the incident was managed and offer recommendations.

When in doubt, report your safety concern!

RESOURCES

TYPHON
SPHSC implements an online application to enable graduate clinicians to track their clinical work, create a professional portfolio of their work, and enable online connectivity between students and supervisors to complete student clinical evaluations and clinical experience feedback. The system is called “Typhon” and is an Allied Health Student Tracking System. Our access point for students is: http://typhongroup.net/uw/ Training in the use and resources available through Typhon will be provided at the start of the program and will be ongoing. Each student is responsible for understanding and using this tracking system to ensure that they are meeting degree requirements. Please direct questions to Nancy Alarcon, Administrator for SPHSC Typhon.

COMPUTER LABS & WIRELESS INTERNET
The Student Computer Labs located on the Clinic main floor are for YOU! You have access to your email, the Internet, and to process reports, letters, or other class work. Computers are maintained by the SPHSC Technology Staff and are provided through the UW Technology Fee.
Key information:

- **TO PRINT:** from the student computers you will need to set up a printing account.
  - Directions to do this can be found in the computer lab.
- **SECURITY:** The door to the computer lab in the clinic has a keypad lock on it. You can access the lab after hours with your FOB and code. **When using the computer lab after hours, you are responsible for assuring that the door is closed when you leave.**
- **HELP:** For computer assistance contact sphscc@u.washington.edu or the Help desk at 616-5895.

Wireless access to the internet is also available throughout the clinic and Eagleson buildings. Whether you are using a landline or wireless access, please be sure to **observe HIPAA Privacy and Security policies at all times.**

Laptop computers and projectors for your use can be reserved on Sphintra and checked out from the department.

The Research Commons located directly above the clinic (accessed from the Social Work side of the building on the second floor) is available for your use. Computers, private study spaces and group meeting spaces are available for your use. This is NOT a HIPAA secure area, so client charts may not be brought into this work area.

**TELEPHONE & FAX (PHONE: 206-543-5440; FAX: 206-616-1185)**

Within the Department

Faculty, Eagleson staff, and the Clinic Office Staff have their own voice mail accounts. If they are not in, your call will be transferred into their voice mail.

**Clinic Voice Mail**

The clinic has Voice Mail. The voice mail system is available after clinic hours, or when all lines are busy. If necessary, you may leave a message for the office staff. However, if you are giving notification of a canceled appointment, you must call back during business hours to confirm receipt of the message. Remember, **YOU must notify your clients and supervisors of any appointments that must be changed.**

**Long Distance Telephone Calls**

You may need to contact a client living outside our toll-free area. Do not use your cell phone due to Caller ID. Use the clinic phones. Speak with the clinic staff and they will help you make a long distance call, as a “code” is required.

**Phone Messages for Graduate Clinicians**

Office staff will send you an email message. Your supervisor will be cc’d when appropriate. When communicating with clients or professionals by phone, please do the following:

1. Talk clearly and slowly. Remember, many of our clients have communication challenges on the phone.
2. Spell your full name if you leave a voice message; give your first and last name. We may have many students with the same first name.
3. Stay near a clinic phone if you have been asked for a return call; otherwise let the office know, via the Message Log at the reception desk, where you will be or what information you are waiting to receive. This minimizes phone tag.
Fax: (206)616-1185

You may need to receive or send a fax while completing your clinical and educational work. Clinic privacy and confidentiality procedures are followed when faxing client records. Speak with the clinic staff and they will assist you if you need send or receive a fax.

PHOTOCOPYING*

1. A clinic copier is located in the clinic office for client-related documents with your supervisor’s approval.
2. Available on the University Avenue at your own expense.

*NOTE: CLIENT RECORDS MAY NOT BE COPIED UNLESS THROUGH THE CLINIC OFFICE, AND ONLY IF THE CLIENT HAS AUTHORIZED A COPY FOR RELEASE TO THEMSELVES OR AN OUTSIDE PARTY.

TEST & TREATMENT MATERIALS

The following is a list of materials and locations:

- 153 (Student Computer Lab) - Reference materials and children’s literature
- 165 - Pediatric SLP tests and test forms, pediatric treatment materials, general supplies and audiometers
- 185 - Adult SLP tests, test forms, adult treatment materials and AAC equipment
- Audiology Testing Suites and Clinic rooms – Lower Floor

Additional treatment materials and resources are located in the Student Computer Lab in the clinic. Additional supplies and equipment may be available upon request in the clinic office (e.g., paper, notebooks, folders, markers), and also in designated clinic rooms, or in your supervisor’s office.

Directions to reserve and check out tests and treatment materials can be found in each room as noted above.

CREATING CLIENT MATERIALS

Students are encouraged to be creative in their development of unique and professional client materials. However, material preparation should not take away from time spent studying.

- Professional Appearance - Be sure that every item you give a client is professional in appearance. When creating teaching or homework handouts, include a UW Speech and Hearing Clinic identifier, your name (as author), and the date. This information identifies the source for later reference.
- Cost - It is permissible, with supervisor approval, to charge the client a one-time “materials fee” specific to the materials when creating unique tools such as a PECs system, communication notebooks, etc. If you will incur personal expenses for supplies that will be kept by the client or this clinic, check with your supervisor or the clinic director to see if these expenses are reimbursable BEFORE purchasing materials.
- Record - Remember to document in your client evaluation report and/or final case summary when you have given out materials, educational handouts and/or homework. This records the scope of your services.
RECORDING CLINICAL SESSIONS

Audio and video recordings and equipment are the property of the clinic and must be stored in the clinic. At the end of use, all recordings must be returned to your supervisor for archiving or the office for recycling. Safe-guard the confidentiality of your client when handling an audio or video recording.

At no time are recordings permitted to be loaded on to a personal computer device (i.e., iphone, iPad, laptop, or similar platform).

Student clinicians are encouraged to record Aud and SLP diagnostic and therapy sessions to support accuracy in test data and treatment data analysis, review client behaviors more closely, and promote self-evaluation and self-improvement. Use this medium to enhance your own professional growth. If equipment fails, notify clinic staff immediately so that is can be repaired immediately.

Each SLP and Audiology Graduate student has direct access to an iPad for clinical recordings. Please find sign-out and recording/storage information in the Student Computer Lab.

Recordings may NOT go outside of the clinic or department. Instructions for downloading video recordings from and iPad can be found in the SCL. Students may temporarily store alternate recordings (i.e., tapes, discs and flash cards) in the locked cabinets in the Student Computer Lab. Each supervisor has a bin in the cabinet so that tapes and discs can remain organized. The cabinets in the Student Computer Lab are locked during non-business hours.

Audio Recording*

Tape recorders are available in each treatment room and in the Materials Room. Blank cassettes are checked out at the Receptionist Desk. Tapes are not permitted to leave the building, but can be stored in the locked cabinet in the Student Computer Lab.

If you are using a personal digital tape recorder for any clinical work, you must keep the recording device IN the clinic. The recording cannot be downloaded to a personal computer device. Safe-guard patient information at all times.

*NOTE: ALL tapes are the property of the clinic and must be returned to your supervisor for archiving or the office for recycling. Protect the confidentiality of your client at all times.

GENERAL SUPPLIES

There are a number of pieces of equipment located throughout the clinic to support your clinical work. A list of resources and additional information, including location and check-out procedures can be found on Sphintra. The following supplies and equipment may be requested from the Clinic Office for graduate clinician use:

- Clinic Business Cards
- Sound Pressure Level Meters
- Otoscopes
- Clipboards
- File folders or Pocket folders to use for handouts/materials that may be given to clients/families
- 3 ring binders, dividers, paper for client materials (i.e., PECS, Communication Notebooks)
- Extra supplies (e.g., gloves, tongue blades, toothettes, etc.)
- Cups, paper plates, plastic utensils
BUILDING ACCESS

CLINIC ENTRANCES
Graduate students are provided with a FOB, and establish their own personal access code, when they enter the program. The FOB and security code must not be shared with anyone, at anytime. This is an essential component to ensure HIPAA Security and safety for everyone who works in our department. Violation of this policy may impede the student’s ability to move through their program.

A “quarterly daytime” code for the Clinic and Eagleson backdoors is provided to clients and family, and to undergraduates upon request. This code provides access to these buildings during normal business hours. See the following pages for a Clinic Building Directory. A clinic room map is also available online on Sphintra.

BUILDING DIRECTORY - SPEECH AND HEARING CLINIC
Our building is readily accessible to faculty, staff and graduate clinicians 24/7. Please help us to maintain the facilities and a safe environment. Please see room locations below:
BUILDING DIRECTORY - SPEECH AND HEARING CLINIC/SWS

Main Level - (street level)

Note that ODD number rooms are on the west side of the building and EVEN number rooms are on the east side of the building.

<table>
<thead>
<tr>
<th>Room Number</th>
<th>Function</th>
<th>Faculty/ Researcher/Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>150</td>
<td>Waiting Room</td>
<td></td>
</tr>
<tr>
<td>152*</td>
<td>Conference Room</td>
<td></td>
</tr>
<tr>
<td>160</td>
<td>Medium-size Diagnostic &amp; Treatment Room</td>
<td></td>
</tr>
<tr>
<td>162</td>
<td>Observation Room</td>
<td></td>
</tr>
<tr>
<td>164</td>
<td>Small Treatment Room</td>
<td></td>
</tr>
<tr>
<td>166</td>
<td>Observation Room</td>
<td></td>
</tr>
<tr>
<td>168</td>
<td>Small Treatment Room</td>
<td></td>
</tr>
<tr>
<td>170</td>
<td>Small Treatment Room</td>
<td></td>
</tr>
<tr>
<td>172</td>
<td>Observation Room</td>
<td></td>
</tr>
<tr>
<td>174</td>
<td>Small Treatment Room</td>
<td></td>
</tr>
<tr>
<td>176*</td>
<td>Large Diagnostic &amp; Treatment Room</td>
<td></td>
</tr>
<tr>
<td>178</td>
<td>Large Diagnostic &amp; Treatment Room+</td>
<td>+Treadmill located here</td>
</tr>
<tr>
<td>180</td>
<td>Observation Room</td>
<td></td>
</tr>
<tr>
<td>184</td>
<td>Pediatric &amp; Adult Eval &amp; Treatment Room</td>
<td></td>
</tr>
<tr>
<td>100</td>
<td>Custodial Storage</td>
<td></td>
</tr>
<tr>
<td>151*</td>
<td>Clinic Office</td>
<td>Clinic Office Staff</td>
</tr>
<tr>
<td>153</td>
<td>Student Computer Lab</td>
<td></td>
</tr>
<tr>
<td>155</td>
<td>Small Treatment Room</td>
<td></td>
</tr>
<tr>
<td>157</td>
<td>Observation Room</td>
<td></td>
</tr>
<tr>
<td>161</td>
<td>Faculty Office</td>
<td>Lauren Nehilla</td>
</tr>
<tr>
<td>163</td>
<td>Faculty Office</td>
<td>Jacqueline Daniels</td>
</tr>
<tr>
<td>165*</td>
<td>AuD &amp; SLP Graduate Student Materials Room</td>
<td></td>
</tr>
<tr>
<td>167</td>
<td>Faculty Office</td>
<td>Nancy Alarcon</td>
</tr>
<tr>
<td>169</td>
<td>Faculty Office</td>
<td>Kate Krings</td>
</tr>
<tr>
<td>171</td>
<td>Faculty Office</td>
<td>Kelsey Leighton</td>
</tr>
<tr>
<td>173</td>
<td>Faculty Office</td>
<td>Lisa Illich</td>
</tr>
<tr>
<td>175</td>
<td>Faculty Office</td>
<td>Julie Dunlap</td>
</tr>
<tr>
<td>177</td>
<td>Faculty Office</td>
<td>Karen Jacobsen</td>
</tr>
<tr>
<td>179</td>
<td>Faculty Office</td>
<td>Dana Robinson</td>
</tr>
<tr>
<td>181</td>
<td>Faculty Office</td>
<td>Marty Nevdahl</td>
</tr>
<tr>
<td>183*</td>
<td>Voice Clinic</td>
<td></td>
</tr>
<tr>
<td>185*</td>
<td>Observation Room &amp; Adult Dx/Tx Materials</td>
<td></td>
</tr>
<tr>
<td>187</td>
<td>Diagnostic &amp; Treatment Room</td>
<td></td>
</tr>
<tr>
<td>189</td>
<td>Observation Room</td>
<td></td>
</tr>
<tr>
<td>191</td>
<td>Faculty Office</td>
<td>Megan Caldwell</td>
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<tr>
<td>195</td>
<td>Medium size Treatment Room</td>
<td></td>
</tr>
<tr>
<td>195a</td>
<td>Observation Room</td>
<td></td>
</tr>
<tr>
<td>197</td>
<td>Large Diagnostic and Treatment Room</td>
<td></td>
</tr>
<tr>
<td>199*</td>
<td>Small Treatment Room</td>
<td></td>
</tr>
</tbody>
</table>

*Phone available in case of emergency or student use.
### Lower Level (marked “C” for concourse on elevator)

<table>
<thead>
<tr>
<th>Room Number</th>
<th>Function</th>
<th>Faculty/ Researcher</th>
</tr>
</thead>
<tbody>
<tr>
<td>33</td>
<td>Northwest Lion’s Hearing Aid Bank</td>
<td>Martha Harney</td>
</tr>
<tr>
<td>35</td>
<td>Faculty Office</td>
<td>Ludo Max</td>
</tr>
<tr>
<td>40</td>
<td>Neuro Research Lab</td>
<td>Diane Kendall</td>
</tr>
<tr>
<td>52</td>
<td>Cochlear Implant Research Lab</td>
<td>Julie Bierer</td>
</tr>
<tr>
<td>54</td>
<td>Audiology Clinic Room</td>
<td></td>
</tr>
<tr>
<td>58</td>
<td>Student Research Lab</td>
<td></td>
</tr>
<tr>
<td>60</td>
<td>Faculty Office</td>
<td>Susan Anderson</td>
</tr>
<tr>
<td>62</td>
<td>Motor Speech Research Lab II</td>
<td>Kristie Spencer</td>
</tr>
<tr>
<td>64</td>
<td>Audimetry Room 2</td>
<td></td>
</tr>
<tr>
<td>66</td>
<td>Motor Speech Research Lab I</td>
<td>Kristie Spencer</td>
</tr>
<tr>
<td>68</td>
<td>Audimetry Room 1</td>
<td></td>
</tr>
<tr>
<td>74</td>
<td>Child Language Research Lab</td>
<td>T.Coggins/L. Olswang</td>
</tr>
<tr>
<td>78</td>
<td>Vocal Function Research Lab</td>
<td>Tanya Eadie</td>
</tr>
<tr>
<td>80</td>
<td>Research Lab</td>
<td>Jessica Sullivan</td>
</tr>
<tr>
<td>82</td>
<td>Infant Hearing Research Lab</td>
<td>Lynne Werner</td>
</tr>
<tr>
<td>86</td>
<td>Infant Hearing Research Lab</td>
<td>Lynne Werner</td>
</tr>
<tr>
<td>55</td>
<td>Audiology Clinic Room</td>
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</tr>
<tr>
<td>57</td>
<td>Observation</td>
<td></td>
</tr>
<tr>
<td>59</td>
<td>Faculty Office</td>
<td>Jennifer Gray</td>
</tr>
<tr>
<td>61</td>
<td>Faculty Office</td>
<td>Martha Harney</td>
</tr>
<tr>
<td>63</td>
<td>Audiology Clinic Room</td>
<td></td>
</tr>
<tr>
<td>67</td>
<td>Demonstration Lab/Classroom</td>
<td></td>
</tr>
<tr>
<td>69</td>
<td>Audiology Waiting Room</td>
<td></td>
</tr>
<tr>
<td>75*</td>
<td>Audiology Assessment Suite</td>
<td></td>
</tr>
<tr>
<td>77</td>
<td>Child Language Research Lab</td>
<td>Beate Peter</td>
</tr>
<tr>
<td>81</td>
<td>Research Lab</td>
<td>Ludo Max</td>
</tr>
<tr>
<td>85</td>
<td>Research Lab</td>
<td></td>
</tr>
<tr>
<td>87</td>
<td>Brain &amp; Behavior Research Lab</td>
<td>Kelly Tremblay</td>
</tr>
<tr>
<td>89</td>
<td>Brain and Behavior Research Lab Office</td>
<td>Kelly Tremblay</td>
</tr>
<tr>
<td>91</td>
<td>Mechanics</td>
<td></td>
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<tr>
<td>93</td>
<td>Custodial Storage</td>
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*Phone available in case of emergency or for use in therapy.
**GRADUATE CLINICIAN WORK ROOMS**
Room 165 (The Materials Room) is intended for graduate audiology and speech-language pathology clinicians who are working in the clinic that specific quarter. This is a workspace that can be used by all students registered for clinical practica.

Please maintain this work area and return all materials in a timely manner. Sign out all materials and tests as indicated. Tests may be reserved ahead of time (see below). An inventory of tests is listed on file cabinets. The reserve and sign-out sheets are located in the back work room. All students are responsible for keeping these rooms neat and clean and will be given specific maintenance jobs each quarter! Please report materials needs to the clinic director. Room 165 also has:
- a phone
- laminating machines
- cleaning and disinfectant supplies
- paper cutter
- stop watches, and gloves

*Note: Audiology and SLP graduate students are invited to use open clinic treatment rooms as a “work space” when clinical services are not being provided. Check the Sphintra Room Reservations schedule to determine if a treatment room is “free.” Please return the room as you found it; refer to the map located in the treatment room to determine the room setup before leaving the room for the next clinician. The room schedule is posted daily in the hall outside the student computer lab so you can locate a vacant room.*

**SECURITY**

**Building Security**
Security is dependent upon each of us being vigilant – being aware of our surroundings. Do not leave your office door unlocked or open while you are away. Do not leave backpack, keys, purses, etc. in a room unattended. Do not leave a computer “logged on” and unattended. If you plan to be in the clinic or department after hours, you will need to have a “building access pass.” See Eagleson Staff for this orange card. UW Campus Police may ask for that ID if you are found in the building after hours.

If you have opened a room that is normally kept locked, please be sure that the door is locked and firmly closed when you leave that room. If a room is kept locked when it isn't being used, it probably contains equipment or materials that are particularly susceptible to theft or damage. You will play the most important role in keeping materials and equipment available for your own use.

**Suspicious Persons or Activity**
If something appears to be out of the ordinary, there's no harm in running it by a colleague and/or reporting it to office staff. If you do not recognize someone in the clinic, ask if he or she needs assistance. You may be assisting a client family member or deterring someone who does not have business here. If you see an individual who does not appear to have legitimate business in this department, or if her/his behavior is of concern, notify the front desk immediately. If you are unable to reach clinic staff or it is after normal clinic business hours, call the University Police at **9-911 from a campus phone** or 911 from any other phone.
Whenever you are in doubt about notifying the police, don't think about it--DO IT! At the time or after the time of the incident, please notify clinic staff of the incident so that they can follow-up with campus police as needed.

Special Key Check-Out Policy
A graduate clinician known to the office staff may check out keys to locked clinic rooms, when applicable, by filling out the Key Check-Out Log at the front desk. You are held personally responsible if a key that you have checked out is not returned to the office on time, and you may be prevented from checking out keys in the future.

Personal Security
When alone in your office or a room after hours/in the evening, keep the door closed and locked. Do not allow persons you do not know into the clinic after hours. When walking at night:
- Avoid shortcuts--walk where there is plenty of light and traffic.
- Avoid dark, vacant areas on campus.
- Avoid wearing a headset and displaying your electronic equipment/phone.
- Never walk alone. Do not hesitate to use the free campus escort service (call 5-WALK).

MAINTENANCE
The Department of Speech and Hearing Sciences strives to make the clinic building, equipment, and materials readily accessible to all graduate students 24/7. Graduate students have access to the building 24/7 with their FOB and pass code. Please note that ease of access creates challenges. The most frequent challenge is ensuring a secure building after-hours; in addition missing tests, test parts, or other equipment are always a concern. Please help us keep the clinic secure, and the materials and equipment intact so that all can benefit from its availability. This is our professional workspace. Each of us has a responsibility to keep the work area clean, safe and readily useable. Promptly report damaged or missing materials/equipment to the Clinic Office.

Report a hazardous spill or damaged property (i.e., urine, broken glass or furniture, food spills, etc.) to the Clinic Office staff so that Custodial or Physical Plant services may be contacted immediately. Refer to the after-hours/emergency phone contact above under Facilities. Please refer to the section on Bloodborne Pathogens for further health and safety instructions.

Each quarter, students are assigned to a clinic job to help keep the rooms and materials in good order and well stocked with necessary materials. Please do your part to take care of the areas you are assigned.

CLINIC CLOSURE DUE TO EMERGENCY OR INCLEMENT WEATHER
Students should be sure to have a way to contact their supervisors at home in the event of an emergency or inclement weather. Weather problems impacting the clinic may especially be of concern during Winter Quarter.

1. In the event of bad weather (i.e., snow or ice), monitor the UW Website, the radio or TV for information regarding closure of the UW campus. Keep in mind: the campus rarely cancels classes. If the UW closes, the graduate clinician is responsible for:
   a. Making every effort to speak with his or her supervisor to confirm that the graduate clinician is contacting the client
b. Then, calling the client/family to notify them of the closure, and
   i. Confirming the next appointment
   ii. Possibly negotiating a makeup session as appropriate

2. In the event of bad weather, supervisors and their students should communicate to
determine if it is in the best interest of the client/family to stay home rather than come in
to the clinic. Personal safety for clients, clinicians, faculty and staff is of the utmost
concern. Clients should not be made to feel that they would be punished for canceling if
the weather is bad and they decide to cancel. Every effort to reschedule should be made
to ensure good service.

3. A student who feels that he or she cannot safely travel to the clinic must contact the
supervisor to determine if the client should be cancelled. If the supervisor is not available,
the student must make the best decision as to whether or not the session should be
cancelled. Personal safety is of concern; however, we want to avoid unnecessary
cancellations.

4. If the session is cancelled, the graduate clinician is responsible for:
   a. Making every effort to speak directly with the supervisor to agree to cancel the
      session
      i. Determine if a makeup session should be scheduled
   b. Calling the client/family
      i. Confirming the next appointment
      ii. Possibly negotiating a makeup session as appropriate
   c. Calling the clinic office – the clinician must speak with someone and should
      not just leave a message. This is to ensure that the schedule change is noted in
      case the client shows up for the appointment.

Should the Speech and Hearing Clinic decide to officially close due to an emergency or
inclement weather:
   1. A general email will be sent out to all faculty, staff, and students
   2. The clinic staff and supervisors will make every effort to contact graduate clinicians,
      clients, and laboratory researchers who were on the schedule that day.

PARKING

CLIENT PARKING
There are eight SPHSC designated spaces: six general access and 2 disability parking spaces
along the backside of our clinic. Each of these spaces requires the driver to come in to the
receptionist and get a SPHSC Commuter Ticket to place on the dashboard of the vehicle.
Even though the signs indicate that parking is limited to 30 minutes, clients are allowed to
park for the duration of their clinic visit. In addition, there is a “load/unload” area in front of
the clinic on 15th Avenue NE, which assists our clients who come via special transit (e.g.,
Metro Access) or who need to drop something off or pick something up at the clinic office

Additional parking (metered) is available on the streets near the clinic and at various private
lots. Clients should be encouraged to allow time prior to their appointment to secure parking.
DISABILITY ACCESS – ENTRANCES & PARKING

Automatic door openers are installed at the front and rear entrances of the clinic, and on the main floor and lower floor restrooms entrances. An elevator to the lower level of the clinic is located next the Materials Room doorway.

There are two parking spaces available behind the clinic for clients who are physically challenged. The spaces are identified as lot W4-V DIS, and are available only on a first-come first-served basis. Clients are asked to use the W4-V DIS space only for the duration of their visit to the clinic. In order to use the parking spaces, clients must have:

1. A **WA State-issued Disability Parking Permit** that should be displayed on the dashboard.
2. A **dated Clinic Commuter Ticket** issued by the Clinic Receptionist.

Please be aware that University traffic officers have authorization to ticket any vehicle not exhibiting BOTH the State-issued Disability Parking Permit and a Clinic Commuter Ticket.

**Parking Procedure:**

1. The client parks in one of our back alley spaces.
2. The client will come up to the front desk and request a dated Clinic Commuter Ticket at the time of her/his appointment.
3. The client will return to his or her car and place the Clinic Commuter Ticket face up on the dashboard of the vehicle.

Note: If an able-bodied person does not accompany the client, the clinician should plan to assist the client by placing the commuter ticket on the vehicle's dash before the session begins.

*****

*Thank you for knowing the contents of this manual!*

*Please ask questions if the content is not clear.*
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.

Principle of Ethics I

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

Rules of Ethics

A. Individuals shall provide all services competently.
B. Individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided.
C. Individuals shall not discriminate in the delivery of professional services or the conduct of research and scholarly activities on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.

D. Individuals shall not misrepresent the credentials of assistants, technicians, support personnel, students, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name and professional credentials of persons providing services.

E. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, and judgment that are within the scope of their profession to assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.

F. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services to assistants, technicians, support personnel, or any other persons only if those services are appropriately supervised, realizing that the responsibility for client welfare remains with the certified individual.

G. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession to students only if those services are appropriately supervised. The responsibility for client welfare remains with the certified individual.

H. Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed, and they shall inform participants in research about the possible effects of their participation in research conducted.

I. Individuals shall evaluate the effectiveness of services rendered and of products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.

J. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.

K. Individuals shall not provide clinical services solely by correspondence.

L. Individuals may practice by telecommunication (e.g., telehealth/e-health), where not prohibited by law.

M. Individuals shall adequately maintain and appropriately secure records of professional services rendered, research and scholarly activities conducted, and products dispensed, and they shall allow access to these records only when authorized or when required by law.

N. Individuals shall not reveal, without authorization, any professional or personal information about identified persons served professionally or identified participants involved in research and scholarly activities unless doing so is necessary to protect the welfare of the person or of the community or is otherwise required by law.

O. Individuals shall not charge for services not rendered, nor shall they misrepresent services rendered, products dispensed, or research and scholarly activities conducted.

P. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if their participation is voluntary, without coercion, and with their informed consent.

Q. Individuals whose professional services are adversely affected by substance abuse or other health-related conditions shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.

R. Individuals shall not discontinue service to those they are serving without providing reasonable notice.


**Principle of Ethics II**

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

**Rules of Ethics**

A. Individuals shall engage in the provision of clinical services only when they hold the appropriate Certificate of Clinical Competence or when they are in the certification process and are supervised by an individual who holds the appropriate Certificate of Clinical Competence.

B. Individuals shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their level of education, training, and experience.

C. Individuals shall engage in lifelong learning to maintain and enhance professional competence and performance.

D. Individuals shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's competence, level of education, training, and experience.

E. Individuals shall ensure that all equipment used to provide services or to conduct research and scholarly activities is in proper working order and is properly calibrated.

**Principle of Ethics III**

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

**Rules of Ethics**

A. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly or research contributions.

B. Individuals shall not participate in professional activities that constitute a conflict of interest.

C. Individuals shall refer those served professionally solely on the basis of the interest of those being referred and not on any personal interest, financial or otherwise.

D. Individuals shall not misrepresent research, diagnostic information, services rendered, results of services rendered, products dispensed, or the effects of products dispensed.

E. Individuals shall not defraud or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants for services rendered, research conducted, or products dispensed.

F. Individuals' statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.

G. Individuals' statements to the public when advertising, announcing, and marketing their professional services; reporting research results; and promoting products shall adhere to professional standards and shall not contain misrepresentations.
Principle of Ethics IV

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

Rules of Ethics

A. Individuals shall uphold the dignity and autonomy of the professions, maintain harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.

B. Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.

C. Individuals shall not engage in dishonesty, fraud, deceit, or misrepresentation.

D. Individuals shall not engage in any form of unlawful harassment, including sexual harassment or power abuse.

E. Individuals shall not engage in any other form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.

F. Individuals shall not engage in sexual activities with clients, students, or research participants over whom they exercise professional authority or power.

G. Individuals shall assign credit only to those who have contributed to a publication, presentation, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.

H. Individuals shall reference the source when using other persons' ideas, research, presentations, or products in written, oral, or any other media presentation or summary.

I. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.

J. Individuals shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.

K. Individuals shall not discriminate in their relationships with colleagues, students, and members of other professions and disciplines on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.

L. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation, nor should the Code of Ethics be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.

M. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the Board of Ethics.

N. Individuals shall comply fully with the policies of the Board of Ethics in its consideration and adjudication of complaints of violations of the Code of Ethics.