

2024-25



JUDD LEIGHTON SPEECH AND LANGUAGE GRADUATE CLINIC HANDBOOK


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Introduction

The Clinic Handbook aims to help students, faculty, and staff understand the clinical requirements, policies, and procedures for participating in campus-based clinical practicum opportunities at the Judd Leighton Speech and Language Clinic (JLSLC) and its satellite locations.

Mission Statement

The Department of Speech Language Pathology's mission is to provide high-quality education to undergraduate and graduate students who aspire to work with individuals and their families with speech, language, and hearing disorders. Our graduates will uphold evidence-based practice principles, collaborate with other professionals, and adhere to the highest ethical standards while serving our diverse community.

Goal of the Graduate Program in Speech Language Pathology

The Master of Science degree program strives to educate highly competent speech-language pathologists who are committed to serving individuals with communication and swallowing disabilities from infancy to adulthood. Graduates will possess the skills to work effectively in various employment settings, including public schools, clinics, hospitals, rehabilitation centers, special education facilities, and private practices. This goal is achieved through a curriculum that integrates academic rigor, innovative use of technology for teaching and learning, promotion of research activities, and comprehensive clinical education.

General Student Clinician Roles and Responsibilities

The clinic experiences, both on and off campus, are designed to fulfill the requirements set by the Council for Clinical Certification (CFCC), ensuring students gain experience across the lifespan and encounter a range of disorders in different settings. The onsite clinic serves as an enriching and safe environment for students' initial clinical experience, preparing them to function with less support in educational, private practice, and healthcare settings.

The Master's Degree program's curriculum ensures that clinical experiences are integrated with academic knowledge in specific content areas. However, due to the nature of clinical sites, clinical supervisors may provide more hands-on teaching for specific interventions and disorders during certain clinical experiences.

More extensive clinical experiences take place off site, which can include education, healthcare, private practice, and early intervention. In most cases, students complete all academic courses before their final off-campus placement (the externship).

The Master's Degree in Speech Language Pathology is awarded upon successful completion of the comprehensive examination and externship placement. Subsequently, students can embark on the Clinical Fellowship Year, leading to the Certificate of Clinical Competence from the CFCC and obtaining a license from the Indiana Professional Licensing Agency (IPLA). Once licensed by IPLA, students are eligible to work in Indiana and can pursue licensure from the Indiana Department of Education to provide services in public schools and other work settings. It is important for each student to be familiar with the specific guidelines in their desired practice state, as rules and regulations may vary.

Clinic assignments span a semester, typically comprising 12 weeks, although this duration may vary in exceptional circumstances and scheduling. The onsite clinic offers numerous opportunities for the growth and development of student clinicians. Additionally, it serves as the starting point for accumulating clinical hours required to meet the Knowledge and Skills Assessment (KASA).

Experiences during the clinical program will:

- Strengthen and expand the knowledge and skills of student clinicians.
- Enable participation in all aspects of the clinical process.

- Enhance the emerging professional's clinical judgment, expand their therapeutic repertoire, and provide a deeper understanding of professional activities.

Clinic Time Requirements:

As a student in the clinic, it is important to understand the time commitments involved. For Year One Practicum, a total commitment of 8-12 hours per week for clinic responsibilities is expected. Please note that as you take on more clients in subsequent semesters, the time required will increase accordingly. Here is an outline of the expected time requirements:

- Weekly Supervisor Meetings: You should allocate approximately 30-60 minutes per week for meetings with your supervisors.
- Session Preparation: It is recommended to set aside 20 to 30 minutes to prepare for **each** session.
- Lesson Plans and Progress Notes: You should anticipate spending around one hour for **each** lesson plan and progress note that you write.
- If you have 3 clients and conduct three sessions per week, a rough estimate would be to allocate 6 hours for direct client contact in the clinic.
- Additionally, you should set aside an additional three hours outside of lecture time to complete other course requirements.

It is crucial to recognize that graduate school entails a significant time commitment. In addition to clinic hours, you should allocate time for seminar attendance, reading, studying, and applying knowledge through projects, assignments, and reflections. A realistic estimate for graduate school is to spend approximately 51-67 hours per week in total for classes and clinic.

By managing your time effectively and allocating the necessary hours, you will be able to meet the demands of the clinic while successfully navigating your graduate program.

Clinical Integrity and Conduct

Expectations for Clinical Practicum:

All students participating in clinical practicum must adhere to the ASHA Code of Ethics. Additionally, students are required to complete a HIPAA training module and upload the certificate to Calipso. An annual background check and drug screening are also mandatory. A negative finding in any of these compliance measures may prevent enrollment in off-site practicum and, in some cases, on-site practicum. For misdemeanors, the clinic director will discuss the findings with the student to determine if further action is necessary. Findings that require action will be reported to the program director, who will then contact the appropriate college administration. In accordance with the ideas of academic honesty and integrity, students may not use others' work as their own. However, it is acceptable to utilize previous plans of care for the continuity of care and well-being of the client. Professional conduct is crucial when fulfilling clinical duties. If a clinical supervisor observes behavior that crosses the line, the student clinician will be counseled by the supervisor, and the Director of Clinical Practice will be informed. If the behavior persists, an action plan will be developed at the discretion of the Director.

Ethical Responsibility:

All clinical students (including student observers), faculty, adjunct faculty, and staff must conduct themselves in accordance with the Code of Ethics of the American Speech-Language Hearing Association (ASHA). Students must demonstrate responsibility and respect towards clients and their families. The same level of respect should be extended to oneself and clinical personnel. Evaluation and treatment should be carried out under the direct supervision and approval of the assigned clinical supervisor. Utilizing all available resources is essential for delivering the most effective therapeutic services. Clients and their families must be informed about evaluation results, the nature of the disorder, treatment recommendations, and the prognosis for improvement. Ongoing treatment assessments must be reviewed to evaluate effectiveness and efficiency. Students are responsible for maintaining accurate and precise client records. They must exercise professional discretion and maintain confidentiality of client information at all times. Student clinicians are responsible for creating a confidential environment that encourages open and uninterrupted discussion. Both written and verbal client information should be handled with respect and kept confidential. Please refer to the Code of Ethics in the appendices or visit www.asha.org.

Confidentiality and Privacy Policy

Saint Mary's JSLC policy ensures that a written summary of its privacy policy is made available to all clients or their representatives.

Confidentiality and Privacy Assurance:

- The Judd Leighton Speech and Language Clinic (JLSLC) is committed to maintaining the confidentiality and privacy of its clients, faculty, staff, and students.
- The clinic follows guidelines outlined in the Healthcare Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA).
- The social networking policy specifically addresses the limited use of social media concerning Protected Health Information (PHI).

Procedures:

- All client information will be treated with the utmost confidentiality.
- All students, staff, and faculty must complete a confidentiality in-service before participating in clinic, which focuses on HIPAA and Health Information Technology for Economic and Clinical Health (HITECH).
- The department complies with the rules and regulations described in FERPA.
- At the beginning of all initial visits, clients or their representatives will be asked to sign a "Consent to Treat Form."
- The Notification of HIPAA privacy policies will be provided to the client or representative during the creation of the client's profile within the Electronic Health Record as part of the new client intake process.
- Release of Information forms must be obtained before exchanging any Protected Health Information (PHI) with other entities, both for information released by the JLSLC and for information received by the JLSLC. These forms will be scanned into the Electronic Health Record System.
- Access to the Electronic Health Record is limited to students, faculty, and staff who require access to fulfill their responsibilities at the JLSLC.

HIPAA Policy

The purpose of this policy is to ensure that all staff, students, and faculty at the Judd Leighton Speech and Language Clinic comply with the Health Insurance Portability and Accountability Act (HIPAA) and protect the privacy and security of Protected Health Information (PHI). This policy applies to all students, faculty, staff, and any other individuals who have access to PHI.

All students, faculty, and staff must complete HIPAA training before accessing any PHI. Copies of the HIPAA training completion certificate must be given to the Clinic Director or to the Administrative Assistant.

Failure to comply with this policy may result in disciplinary action, up to and including termination of employment, academic consequences, or dismissal from the program.

Access to PHI:

- Access to PHI is limited to individuals who require it to perform their job duties or academic responsibilities.
- Students may **only** access PHI within the JLSLC or its satellite locations.

Use and Disclosure of PHI:

- PHI may only be used or disclosed for treatment, payment, and healthcare operations, or as required by law.
- Any use or disclosure of PHI outside these purposes must be authorized by the patient or their legal representative.
- De-identified information (where identifying information is removed) should be used whenever possible for educational purposes.

Safeguards:

- **Physical Safeguards:** PHI must be stored in secure areas. PHI must only be disposed of in the appropriate locked shredding bin on the clinic premises.
- **Technical Safeguards:** All electronic PHI must be secured with passwords, encryption, and other appropriate measures. Students will only be given access to the PHI of their assigned clients for the semester. Access to PHI will be immediately revoked to users who are no longer with the College.

Patient Rights:

Patients have the right to:

- Request access to their PHI.
- Request amendments to their PHI.
- Receive an accounting of disclosures of their PHI.
- Request restrictions on certain uses and disclosures of their PHI.
- Request confidential communications.

Incident Reporting and Breach Notification:

- Any suspected or actual breach of PHI must be reported immediately to the Clinic Director.
- The Clinic Director will investigate the incident and determine if it constitutes a breach.
- If a breach is confirmed, affected individuals and the appropriate authorities will be notified as required by HIPAA regulations.

Policy Review and Updates:

This policy will be reviewed annually and updated as necessary to ensure continued compliance with HIPAA regulations. Any updates will be communicated to all students, faculty, and staff.

Dress Code Policy

Professional Posture:

- Students are expected to maintain professional posture, which includes appropriate eye contact, a pleasant facial expression, composed physical posture, personal hygiene, and professional clothing.
- Certain personal standards must be adhered to for both student safety and client comfort.

Appropriate Attire:

- Blue, black, or white polo (preferably Saint Mary's polo, but not required) and khaki pants.
- No scrub tops. Student Clinicians may wear khaki scrub bottoms.
- Whenever a Student Clinician is at any clinical site (ECDC, JLSLC, the Convent), clinic attire must be worn.
- Since the clinic is a working environment, students should demonstrate professional dress even when visiting the clinic for purposes other than therapy. This includes meetings with faculty or clinical supervisors, practicing diagnostic tests, signing out materials, and charting on clinic computers in the workroom.

Not Acceptable Attire:

- Jeans, low-cut shirts or blouses, flip-flops, and dangling jewelry.
- It is important to consider others with allergies to certain odors or fragrances, so avoid wearing high concentrations of perfume or other scents.
- Any open lesions must be adequately covered and protected from contamination.

Special Occasions and Summer Attire:

- Dress down Friday - Polos and jeans (no rips or holes) with the exception of students in the Convent.
- Summer attire is more relaxed, and specific guidelines will be provided at the beginning of the summer clinic.

Consequences:

If a Student Clinician is not dressed appropriately, as determined by the Clinic Instructor or Clinic Director, they will not be allowed to participate in clinic that day, and an unexcused absence will be recorded.

Social Networking Policy

Confidentiality and Privacy:

- Disclosing confidential client and research participant Protected Health Information (PHI) is a federal offense.
- Client privacy measures on social networking sites and other online media should be equivalent to those in any public forum.

Comments about Client Treatment:

- Faculty, staff, and students must never publicly comment on the treatment of a specific client, particularly online.
- Even acknowledging the care of a client is considered an unacceptable disclosure of PHI.

HIPAA Regulations and Avoiding Discussions:

- Comments made on social and online media are subject to Health Insurance Portability and Accountability Act (HIPAA) regulations.
- It is important to avoid discussions about specific clients, research subjects, and volunteers, even if identifying information is excluded.
- Contextual factors can still lead to someone recognizing the individual being referred to.

Photos and Interactions:

- Displaying photos of patients or research subjects is strictly prohibited.
- Interactions with clients or caregivers on social media platforms are strongly discouraged.

Treatment Advice:

- Providing treatment advice using social media is not appropriate.
- Individuals with inquiries about services should be directed to appropriate hospital, clinic websites, or phone numbers.

Client Likeness on Clinic Social Media:

- Any display of clients' likenesses on Clinic-related social media must have a release of information and permission to photograph form on file in the clinic office.

Client-Follower Relationship:

- It is explicitly prohibited to become "friends" or "followers" of current clients and their families on any social network.

Health Requirements and Background Checks of All Student Clinicians

For both internal and external clinical placements, student clinicians are required to fulfill the following health requirements and undergo background checks:

1. **Recent TB Test:** Student clinicians must provide documentation of a recent negative tuberculosis (TB) test.
2. **Hepatitis B Vaccinations:** Student clinicians must show proof of receiving Hepatitis B vaccinations.
3. **Criminal Background Check:** Student clinicians must undergo and pass a criminal background check, which may include fingerprinting.
4. **Drug Screening:** Student clinicians are required to undergo a drug screening. The SLP Program maintains a no tolerance policy regarding substance abuse.
5. **CPR Training:** CPR training will be completed on campus. Student Clinicians must complete this training prior to their first semester of Clinical Practicum, in preparation for off-campus placements.
6. **Other Requests from Outside Agencies:** Student clinicians may be required to fulfill additional health requirements or requests from external agencies.

COVID-19 Vaccination Status:

- Being fully vaccinated against COVID-19 is important for student clinicians participating in offsite practicums or externships.
- Student clinicians should ensure that their vaccination records are updated in Calipso to prevent any delays.
- While Saint Mary's College no longer requires COVID-19 vaccines or boosters for enrollment, some sites may have vaccination requirements.
- Students who wish to be placed in the Saint Mary's Convent must be fully vaccinated per the Sisters of the Holy Cross policy. Students must have proof of vaccination uploaded into Calipso to be assigned to the Convent.
- If placed at an external site, student clinicians may need to provide proof of COVID-19 vaccination. Failure to comply with these requirements may result in the inability to participate at those sites.

Consent for Drug Screening:

- The SLP Program maintains a no tolerance policy regarding substance abuse.

- Failure to undergo the drug screening will result in non-acceptance into the program or dismissal from the program.
- If the drug screen comes back adulterated, the student will be asked to leave the program.

General Clinic Operations and Procedures

Clinic Hours and Availability:

- Student Clinicians can access the Clinic Student Work Room seven days a week from 7 am to 10 pm using their ID badge.
- Please refer to the Library Policy for materials checkout hours.

ID-Access to Clinic:

JLSLC restricts access to the clinic to faculty, staff, and students who have a role requiring them to be present for the semester. Other individuals must check in with the Administrative Assistant or Desk Worker and be accompanied to the clinic.

Procedure:

Access to the clinic is granted through an identification card. Students in clinical practicum and all graduate-level students have access via the access card reader system. Faculty and staff of the SLP program also have access. Other students must sign in at the front desk and be accompanied to the clinic. The workroom in the clinic is exclusively for SLP students in undergraduate clinical practicum or graduate-level students. No other students are allowed access to this area under any circumstances.

How to Use the ID-Access Card Reader:

1. Slide the card with the magnetic strip facing away from you and the front of the card facing towards you. Some cards may allow tapping against the reader.
2. Initially, the card-reader indicator light will be red.
3. The light turns green upon successful access.
4. If the light flashes, the card-reader was unable to read the card.
5. Reposition the card and try again.
6. If repeated attempts to enter fail, inform the Administrative Assistant, who will contact security.
7. After business hours, security may be called for assistance. Security phone number: 574284-5000.

The ID-Access card will be deactivated in the following cases:

- Graduation or when access to the clinic is no longer required.
- Removal from the program.
- Abuse of privileges, such as allowing unauthorized individuals into the clinic, using the clinic for unauthorized gatherings, or unauthorized removal of clinic materials.

- Other infractions determined by the clinic director.

Care of Treatment Rooms:

- All treatment rooms must be kept neat and tidy.
- Student Clinicians are responsible for cleaning up after themselves and leaving the room ready for the next Clinician.
- To allow for smooth transitions, Student Clinicians should be cleaned up and out of the treatment room 10 minutes prior to the following session.
- It is the responsibility of each Student Clinician to check the schedule and ensure that if there is a session scheduled after their session, they are cleaned up and out in time.

ECDC

Intake Process:

- The referral process for screening is initiated through each ECDC site director.
- ECDC will provide the parent with a consent form and a brief intake form.
- This allows the supervisor and student clinician to obtain necessary information prior to the screening.
- Upon receipt of the intake form, the data will be scanned into the EMR system.
- All paperwork will be kept in the client's EMR profile.
- After the screening is completed, a screening results form will be filed out and sent home.
- If further assessment and/or clinical therapy is warranted, an additional case history form may be requested, and a release of information will be requested, along with any relevant paperwork (such as an IFSP/IEP).

Communication with ECDC/Parents:

- After each session, Student Clinicians will complete a speech-language therapy note and give it to the supervisor. This form is to be completed before leaving ECDC.
- This communication form is signed off by the supervisor, then provided to the front desk at ECDC. It is then copied to the client's ECDC file before being sent home.
- This note should include professional language in a format that is accessible to parents, providing a brief summary of therapy activities and at-home practice ideas.
- This form will be provided at the beginning of each semester by the supervisor. It is your responsibility to be prepared with the necessary number of blank copies for each clinic day.

Procedure for Missed Sessions at ECDC

- In the event of illness (fever over 100 degrees, vomiting/diarrhea), contact your supervisor as soon as possible to cancel or reschedule your sessions.
- Absences for reasons other than illness must be approved by the Clinic Director at least 2 weeks in advance.
- Rescheduling is limited to ECDC clinic days/weeks (Tuesday and Friday every other week).
- You will be responsible to find a replacement clinician for any clients unable to be rescheduled, and it will be your responsibility to communicate your lesson plan to the Student Clinician filling in.

JLSLC

Intake Process:

- An intake form will be sent to the client and/or responsible party via the clinic's Electronic Medical Record program (EMR), email, or through the U.S. Postal Service.
- The form must be completed and returned before the first appointment. This allows the clinic director, supervisor, student clinician, and staff to obtain necessary information prior to the evaluation/assessment.
- Two forms are available: one for pediatric clients (17 years and younger) and one for adult clients.
- Special procedures and intakes may be used for specific activities, such as summer programs.
- Upon receipt of the intake form, the data will be scanned into the EMR system.
- All paperwork will be kept in the client's EMR profile.
- Intake forms need to be updated annually by the client/caregiver.

Client Selection:

- Clients are chosen based on the educational needs of the student clinicians.
- Each semester, the clinic director and faculty review the client waitlist to determine which clients to prioritize. The decision is influenced by various factors, including the student's learning experience, the client's needs, and whether the client is receiving therapy elsewhere outside of the JLSLC.
- The waitlist is maintained by the clinic staff and is **not** first come first serve.

Client Attendance:

- Clients are expected to attend scheduled appointments at the designated day and time.
- Failure to show up without canceling by phone on three occasions will result in the client being ineligible for admission into the program in the next semester.

- Having three or more excused absences in a semester may also lead to loss of admission to the program in the following semester, at the discretion of the Clinical Director.

Procedure for Missed Sessions in JLSLC:

- Student clinicians are not allowed to cancel an appointment without permission from their immediate supervisor or Clinic Director.
- In the event of illness (fever over 100 degrees, vomiting/diarrhea), contact your supervisor and the Administrative Assistant as soon as possible to cancel or reschedule the appointment.
- Cancellations for reasons other than illness must be approved by the Clinic Director at least 2 weeks in advance.
- Your supervisor may ask you to find a replacement clinician for your client, and it will be your responsibility to communicate your lesson plan to the Student Clinician filling in.

Saint Mary's Convent

Intake Process:

- Sisters of the Holy Cross participate in evaluations and treatment, if they consent, as recommended by SLP, Student Clinicians, and facility staff.
- Sisters' names will be added into the EMR system. Student Clinicians participating in the Convent will have access to each Sister.

Client Attendance:

- Attendance is not required, but Sisters are encouraged to participate in recommended treatment/evaluation.

Communication with Staff:

- Before each session, it is important to greet nursing and CNA staff, introduce yourself, and explain who you will be working with that session. If you need help transferring a Sister, request assistance at this time.
- After each session, Student Clinicians will complete a "communication form" and place it in the speech therapy binder, located in the Nurse's station of each floor.
- If Student Clinician(s) have concerns re: the health or performance of a Sister, or are making new diet recommendations, verbal communication with a nurse is required. Document this communication in both the communication form and in the SOAP note for that session.
- If there are gaps in the medical chart or questions re: patient health history, ask the nurse in a confidential place for these details.

Procedure for Missed Sessions in the Convent:

- In the event of illness (fever over 100 degrees, vomiting/diarrhea), contact your supervisor and the Administrative Assistant as soon as possible to cancel or reschedule the appointment.
- Cancellations for reasons other than illness must be approved by the Clinic Director at least 2 weeks in advance. You will be assigned a make-up assignment.
- It will be your responsibility to communicate your lesson plan to the Student Clinician(s) filling in, if it was your turn to plan a group or individual session.

Evaluation Procedures Policy: Guidelines for Effective Evaluation

Chart Review

1. Review the client's intake information, ensuring it is from within the last year.
2. Examine any previous evaluations, Individualized Education Plans (IEPs), Individualized Family Service Plans (IFSPs), and uploaded medical records in ClinicNote.
3. Document any questions that arise during your chart review.
4. Get ready for the client/caregiver interview.

Evaluation Preparation

1. Prepare to assess all 5 communication systems: hearing, speech, language, voice, and fluency. This can be done through screening, formal, or informal assessments.
2. Develop a diagnostic plan outlining your approach for evaluating these communication systems.
3. Familiarize yourself with each evaluation aspect, including formal, informal, and screening tools that you have chosen.
4. Thoroughly review the assessment manuals, pay attention to assessment instructions, and identify basal and ceiling information.
5. At least one week before the scheduled evaluation, administer all planned assessments to another individual, and prepare questions for your supervisor.

Failure to adhere to these steps will result in your exclusion from the evaluation team. Keep in mind that these clients have genuine communication difficulties, warranting your utmost effort.

Writing the Evaluation (Diagnostic) Report

1. You have one week post-evaluation to write the report and submit it to your supervisor.
2. Remember, your role is that of a diagnostician, not a technician. Mere score reporting is inadequate; you must offer insightful analysis. Consider these inquiries:
 - a. Consult the manual for potential report examples or performance descriptions.
 - b. Reflect on how the client's subtest or composite scores compare with peers of the same age/education/background.
 - c. Evaluate the impact of the performance on the client's current functioning, learning, and quality of life. Could accommodations be beneficial?

- d. Identify any discrepancies in your testing results and provide an analysis of these discrepancies.

Interview Questions For Client/Caregiver

1. Have there been any changes in your child's medical history (new allergies, diagnoses, surgeries, medications, hospitalizations)?
2. Do you have any concerns about hearing?
3. When was the last hearing screening/test and what were the results?
4. Is your child currently in school? Where?
5. Is your child currently receiving any therapies? OT, PT, ST?
6. What are your child's likes? Dislikes?
7. Have you seen any improvements in communication since your child was last seen?
8. Do you have any new communication concerns? Overall concerns?
9. How well does your child interact with his peers and other children his age?
10. What kind of activities are done at home that are geared toward improving his communication
11. How comfortable is your child being seen without a parent/caregiver present in the room?
12. How comfortable are you with the child being seen alone with the parent/caregiver in the observation room?

Hearing Screening Policy

In the JLSLC, conduct a hearing screening at the beginning of every new evaluation or at the start of every fall semester to ensure all clients receive a yearly hearing screening and to prioritize both the clients' hearing health and your learning experience.

You may also have other opportunities to complete hearing screenings in the community.

Pure Tone Hearing Screening Guideline:

1. Perform a biological check on the pure tone screening equipment before conducting daily screenings to ensure proper functioning.
2. Before beginning the screening, greet the client and explain the purpose and procedure of the hearing screening in a clear and comforting manner. Ensure the client feels at ease and understands what to expect. (scripts are at the bottom of the guideline)
3. Position the client in a comfortable and upright sitting position, with their head straight and facing forward. Make sure the client's ears are accessible and free from any obstructions, such as hair or clothing. Be sure to position the client in such a way that they cannot see when the button is pushed. This ensures that their responses are based solely on their auditory perception and not influenced by visual cues.
4. During the screening, explain to the client that they will hear a series of tones at different frequencies and intensities. Instruct them to raise their hand, or indicate in another agreed-upon way whenever they hear a sound. Be sure that you are not hitting the stimulus button so hard that the client is responding to that sound rather than the stimulus.
5. Begin the screening with the familiarization tone, allowing the client to become familiar with the task and the expected response. This is critical in a less than ideal environment for hearing screenings (when noise is present) If the client fails to respond to the familiarization tone, increase the intensity by 10 dB and try again. Do not exceed 45 dB to maintain safe sound levels.
6. Present the pure tones at 1000, 2000, and 4000 Hz one ear at a time at 20 dB HL level and adjust the intensity as necessary based on the client's response. Mark the hearing screening form as pass or fail for each frequency.

7. After completing the screening for one ear, move on to the other ear and repeat the same procedure.
8. In the event of a screening failure, consult with your CI before making recommendations to rule out any temporary factors that may have affected the initial results.
9. For young child populations (e.g., preschool, kindergarten, grade 1), additional measures such as tympanometry may be utilized to assess middle ear function, which is crucial for accurate hearing evaluation.

Script for Explaining a Hearing Screening to an Adult:

"Hello! Today, we will be conducting a hearing screening to assess your hearing abilities. This screening is an important part of ensuring your hearing health and providing you with the best possible care. We will be testing your ability to hear different tones at various frequencies and intensities.

During the screening, you will be seated in a comfortable position, and we will present sounds to you through headphones. Your task is to listen carefully and respond when you hear a sound. You can do this by raising your hand or indicating in any way you feel comfortable.

We will start with a familiarization tone to help you understand the process. After that, we will move on to the actual screening, where we will present tones at different frequencies, such as 1000, 2000, and 4000 Hz. We will begin at a comfortable level and adjust the volume as needed.

If you don't hear a sound, don't worry. We may increase the volume slightly and present the sound again. Our goal is to determine the softest sounds you can hear at each frequency.

The screening will take place in a quiet and controlled environment to ensure accurate results. If you have any questions or concerns, please feel free to ask. Your participation is greatly appreciated and will contribute to both your own hearing health and the learning experience of our team. Thank you!"

Script for Explaining a Hearing Screening to a Child:

"Hello! Today, we are going to play a special listening game to check your hearing. This game will help us understand how well you can hear different sounds. It's important because it will ensure that we can take good care of your ears and help you hear your best.

First, we will sit in a comfy chair together. Then, we will put on a special pair of headphones. These headphones will let us hear some special sounds. You might hear beeps or tones that are very soft, so it's important to listen carefully.

When you hear a sound, you can raise your hand, give a thumbs-up, or let me know in any way you like. We will start with a practice sound so you can get used to the game.

After that, we will play the game and listen to different sounds at different pitches. It might sound like beeps, boops, or whistles. We will try to find out the softest sounds you can hear.

Remember, it's okay if you don't hear some sounds. We might make them a little louder and try again. We just want to make sure we have accurate results.

We will be in a quiet room, free from distractions, so we can focus on the game. If you have any questions or feel unsure about anything, please let me know. Your help with this game is really important, and it will help us learn more about your hearing. Thank you for playing along!"

Infection Control/Universal Precautions Policy

Standard Infection Control and Universal Precautions:

- The JLSLC adheres to Standard Infection Control and Universal Precautions to prevent the transmission of infectious agents.
- These precautions require the use of protective apparel and procedures for all contact with blood and body substances, including hand washing and gloves.
- Clients known to have airborne pathogens will be asked to reschedule their appointment while actively infectious.
- The Clinic Director, their designee, and clinic instructors have the authority to request a client to leave if there is suspicion of an airborne infection, excluding allergies or the common cold.
- Clients with evidence of upper airway infection and/or fever will be asked to leave and return to the clinic for their next appointment once the infection has cleared.
- Clients who have been on antibiotics for at least 24 hours may be seen in the clinic at the discretion of the Clinic Director.

Procedures:

Hand-washing:

- All students must practice good hand-washing using soap and water or waterless antiseptic before and after each client contact, after using the bathroom, after handling soiled materials, and after eating.
- Hand-washing is mandatory after touching blood, body fluids, secretions, excretions, and contaminated items, regardless of whether gloves are worn.
- Hand-washing between tasks and procedures on the same client may be necessary to prevent cross-contamination.
- Clients are encouraged to use waterless antiseptic before and after restroom use and before meals to prevent infection.

Gloves:

- Gloves must be worn whenever contact with the following is expected: blood, body fluids, secretions, excretions (excluding sweat), non-intact skin, and mucous membranes (e.g., oral cavity).
- Gloves should also be worn whenever there is a risk of gross contamination of hands, the need for special care to avoid client contamination during procedures, transmission from one client to another, or handling contaminated items.

- Wearing gloves and changing them between client contacts does not replace the need for hand-washing. Failure to change gloves between client contacts poses an infection control hazard.

Sanitizing:

- Student Clinicians must sanitize any tables that were in use at the end of each session.
- Student Clinicians must sanitize any toys checked out with the sanitizing wipes provided on the return podium at the clinic entrance.
- Once a week, student desk workers will clean every treatment room with wipes and sanitizing spray and sign a log indicating the rooms were cleaned. These logs will be kept at the reception desk of the clinic.

Library Policy

Loan Period:

- Loan periods may vary depending on the type of material, such as books, games, iPads, or assessments.
- The loan period may be extended if there are no holds or pending requests for the borrowed item.
- Students must be let into the library by the Administrative Assistant, student workers, or clinic faculty. **If a student plans to check out materials after normal business hours (5 p.m.), they must notify one of the individuals listed above before the end of the day so that the keys may be set out in an appropriate location for the student.**

Assessments:

- Assessments may be checked out for use in the clinic at any time. They must be returned on the same day and cannot be taken out of the building.
- The clinic only allows assessments to be checked out for study purposes during its off hours (5pm-8am). The materials must be returned the following morning by 8 am.
- Assessments may be checked out over the weekend (beginning at 4 pm on Friday), but they must be returned by 8 am on Monday.

Materials:

- Materials may be checked out for a 24-hour period or over the weekend if checked out on Friday, to be returned the next business day. No materials may be checked out over breaks longer than one business day.
- Materials checked out over the weekend (beginning at 4 pm on Friday), must be returned by 8 am on Monday.

Checkout Limits:

- There may be a limit on the number of items a student can check out at a time. This limit will be determined by the clinic director and/or the admin assistant.
- The checkout limit is in place to ensure fair access to library resources for all students.

Renewals:

- Renewals may be allowed if there are no pending requests for the item.
- The maximum number of renewals may be limited to ensure equitable access to library materials.

Holds and Reservations:

- Students may place holds or reservations on checked out materials that are currently unavailable.
- Once the reserved item becomes available, students will be notified, and the item will be held for a specified period.
- Failure to collect a held item within the designated timeframe may result in the item being made available to the next person in line.

Return of Materials:

- Students must return borrowed materials to the library on or before the due date.
- It is the student's responsibility to ensure that all items are returned in the same condition as when borrowed.

Overdue Materials and Fines:

- Students are responsible for returning library materials on or before the due date.
- Late returns may result in fines or penalties, the amount of which will be determined by the clinic director.
- After the due date, three overdue notices will be sent to the borrower's SMC email address.
- Failure to pay fines or return materials may result in a suspension of borrowing privileges.

Lost or Damaged Materials:

- Students are responsible for the care and safekeeping of borrowed materials.
- Lost or significantly damaged materials must be reported to the clinic director and/or the administrative assistant immediately.
- Students will be responsible for the replacement or repair costs of lost or damaged materials.

Compliance with Policies:

- Failure to comply with this library policy may result in disciplinary action, including the suspension of borrowing privileges or other appropriate measures.
- Clinic faculty and staff reserve the right to enforce this policy, address violations, and take necessary action as deemed appropriate.

By adhering to this policy, students can enjoy the benefits of accessing and utilizing the clinic's library materials while ensuring fair and responsible use for everyone involved.

Printing and Lamination Policy

Printing Guidelines:

- Only documents related directly to client care may be printed through the department.
- All personal print jobs (research, readings, homework, etc.) must be printed through the student's personal account.
- Color printing is only allowed if approved by the student's supervisor.
- Avoid excessive printing to conserve resources.

Submission of Print Jobs:

- Students must send their print jobs electronically to the JLSLC email.
- Students will need to plan accordingly around the schedule of the desk workers.
- If students wish to print when a desk worker is absent, they must use their personal account.

Lamination Policy:

- Laminating sheets purchased with department funds are for clinic use only.
- Students must ask a desk worker or the administrative assistant for laminating sheets.
- The laminators are available for everyone, however, if a student wishes to laminate an item for personal use they must purchase their own laminating sheets.

Plagiarism Policy for Clinical Documentation

Policy Statement:

This policy outlines the guidelines and expectations for student clinicians in the SLP program regarding the writing of their own clinical documents and the proper citation of other evaluations or sources. The purpose is to promote academic integrity, ethical conduct, and accurate documentation practices.

Objectives:

1. To provide clear guidance on the importance of writing original clinical documents.
2. To ensure compliance with ethical guidelines, academic integrity standards, and professional requirements.
3. To promote proper citation practices when referring to or utilizing other evaluations or sources.

Writing Original Clinical Documents:

- Student clinicians are expected to write their clinical documents, including (but not limited to) evaluation reports, treatment plans, progress notes, and SOAP notes, using their own words and professional judgment.
- Plagiarism (defined as presenting someone else's work or ideas as one's own without proper attribution), is strictly prohibited.
- Student clinicians should develop their own original content, demonstrating their understanding of the client's needs, assessment results, treatment goals, and progress.
- Collaboration and consultation with other student clinicians, clinical supervisors, or faculty members is allowed, but the final clinical document should reflect the student clinician's individual work and professional growth.

Writing Original Clinical Documents Continued - ALWAYS type out your work:

- The act of typing one's own work enables active engagement, critical thinking, and the refinement of clinical writing skills.
 - It allows students to develop their ability to articulate their clinical observations, assessments, and treatment plans in their own words, fostering professional growth and enhancing their communication skills.
 - The typing process encourages students to reflect on their clinical reasoning and enhance their understanding of client needs
- ### **Prohibition of Copying and Pasting:**
- Copying and pasting of any information, including but not limited to evaluation findings, treatment goals, or other relevant content, is strictly prohibited.

- The prohibition is in place to ensure the authenticity and originality of student clinicians' clinical documents.
- Copying and pasting inhibits the development and refinement of clinical writing skills, as it does not allow students to engage actively in the formulation and expression of their clinical ideas.

Proper Citation of Other Evaluations or Sources:

- When referring to or utilizing information from other evaluations, research articles, or sources in clinical documentation, student clinicians must give proper credit through citation.
- The citation should include the author's name, title of the work, publication year, and any other relevant information required by the citation style used (e.g., APA).
- Any direct quotes or verbatim content from other sources must be enclosed in quotation marks and appropriately cited.
- Paraphrased content or ideas derived from other sources must also be cited to acknowledge the original author or researcher.

Responsible Use of Existing Evaluation Reports:

- In certain situations, student clinicians may have access to existing evaluation reports conducted by other professionals.
- When incorporating information from such reports into their clinical documentation, student clinicians must appropriately cite the source, including the original evaluator's name, organization, and evaluation date.
- The student clinician should clearly differentiate between information obtained from their own assessment and information from external sources.

Referencing External or Previous Evaluations/Other Medical or Educational Records:

- When referencing another evaluation conducted by a specific clinician or when incorporating information from other medical or educational records, student clinicians should use the following format: "Per [Clinician's Name]'s evaluation on [Date of Evaluation]" or "As documented in [Name of Record] on [Date of Record]."
- The student clinician should include this statement to indicate that the information is sourced from another clinician's evaluation or other relevant records, giving appropriate recognition to the original source.
- This format ensures transparency and clarity in referencing external evaluations or other records while maintaining the integrity of the student clinician's own clinical document.

Integration of AI in Clinical Documentation for Student Clinicians

Policy Statement:

This policy outlines the guidelines and expectations for student clinicians regarding the appropriate use of Artificial Intelligence (AI) technology in clinical documentation. The purpose is to leverage AI to enhance efficiency and accuracy in modifying goals, treatment plans, evaluation, and SOAP note editing while ensuring transparency, effective communication, and active learning.

Scope:

This policy applies to all student clinicians in the SLP program during their clinical practicum or related activities.

Objectives:

1. To ensure compliance with ethical guidelines, privacy regulations, and professional standards while using AI.
2. To encourage responsible and informed utilization of AI to enhance clinical practice, promote active learning, facilitate effective communication with clinical supervisors, and ensure accurate and comprehensive clinical documentation.

Responsible Use of AI:

- Student clinicians are allowed to utilize AI tools and applications to assist in modifying goals, treatment plans, evaluation, and SOAP note editing for their clients.
- Students should select AI tools that align with professional standards, ethical guidelines, and legal requirements, including privacy and data protection regulations.
- It is important for students to recognize that AI technology serves as a supportive tool to inform their clinical decision-making process rather than replacing their professional judgment.
- Students must critically evaluate and interpret the output generated by AI technology, considering its limitations and potential biases.
- To promote active learning, student clinicians are required to actively engage in the evaluation process and manually write and edit all clinical documentation to demonstrate their understanding and integration of the AI-generated information.
- Student clinicians are prohibited from copying and pasting AI-generated content directly into their clinical documentation

Disclosure to Clinical Supervisors:

- Student clinicians must disclose to their clinical supervisors when they have used AI technology to assist in generating a part of their clinical documentation or treatment plan.
- The disclosure should include the specific AI tools or applications used, a summary of the information obtained or generated through the AI system, and the manual editing performed.
- This disclosure facilitates effective communication and collaboration between student clinicians and clinical supervisors, ensuring transparency in the clinical decision-making process and promoting the integration of AI-generated information with the student's clinical knowledge and skills.

Data Privacy and Security:

- Student clinicians must comply with all applicable privacy and data protection regulations when using AI technology for clinical documentation.
- Students should only use AI tools that prioritize data security, have robust privacy measures, and obtain informed consent from clients for data processing, if necessary.
- Students should avoid using AI tools that may compromise the privacy or confidentiality of sensitive client information.
- Students are strictly prohibited from entering specific client or patient data into AI tools.
- Only generalized information may be used in AI applications to protect client privacy and confidentiality.

Professional and Ethical Guidelines:

- Student clinicians must adhere to the Code of Ethics established by the American Speech-Language-Hearing Association (ASHA) or relevant professional organizations.
- Students should ensure that the use of AI technology in modifying goals, treatment plans, evaluation, and SOAP note editing aligns with ethical principles, including maintaining client confidentiality, respecting cultural and individual differences, and promoting the best interests of clients.
- In case of any ethical concerns or dilemmas arising from the use of AI in clinical documentation, students should consult with their clinical supervisors or designated faculty members.

Observation by Families, CIs, and Students

Spouses, parents, legal guardians, and significant others of individuals receiving therapy are welcome and encouraged to observe therapy sessions in the adjacent observation rooms. This allows them to gain insight into the therapeutic process and support their loved ones. There may be occasions where family members are specifically invited to join the client and clinicians, particularly during information gathering sessions.

However, in the case of group therapy, the observation rooms may not accommodate large group observation by family members. In such instances, family members are encouraged to communicate any questions or concerns they may have with the Clinical Supervisor (CS) or clinic director. It is important to note that live video feeds can be arranged for group therapy sessions, but only with the permission of all group members.

The goal of allowing observation is to foster a better understanding of the therapy process and facilitate open communication between the therapy team and the client's support network.

Video Recording

The JLSLC and the SLP department have a policy in place regarding the video recording of clinic activities. Prior to recording, all Saint Mary's students are required to provide signed written consent for observation and electronic taping during their clinic sessions.

All therapy sessions are recorded and stored on a separate server located in the IT department, specifically the VALT-IVS system. This setup allows clinicians and faculty members to review sessions in real or recorded time. Access to the system is granted to students and authorized individuals through a unique security code. The secure server can be accessed via the website: www.pds.saintmarys.edu.

Student Consent for Videotaping:

Students are required to provide consent for the video recording of their clinic activities. This consent ensures that they understand and agree to the recording and potential use of these recordings for educational and professional purposes

EMR System Policy

Access and Usage:

- The EMR (Electronic Medical Record) system can only be accessed on a personal laptop within specific locations: JLSLC, the Convent, and ECDC.
- Student Clinicians are strictly prohibited from accessing the EMR system during class or in any other location on or off campus.
- The Clinic Director monitors system usage and time stamps to ensure compliance.
- Any student found using the system in unauthorized locations will be subjected to an Action Plan for a HIPAA violation.

Clinical Procedures and Documentation

Electronic Medical Record (EMR):

An orientation to the current EMR system will be provided during the first week of the clinical practicum class.

Clinical Documentation in the EMR:

All clients admitted into the JLSLC will have the following clinical documentation completed, when applicable, in the electronic medical record:

1. Initial assessment/diagnostic report (Adult or Pediatric)
2. Comprehensive Treatment Plan
3. Plan of Care (also referred to as Lesson Plan)
4. Subjective, Objective, Assessment, Plan (SOAP) notes (Progress Notes)
5. Comprehensive Treatment Summary or Discharge Report

Procedure:

Initial Assessment/Diagnostic Report (Adult or Pediatric):

- A full diagnostic evaluation or focused assessment/evaluation may be completed during the initial meeting with the client.
- A pure tones hearing screening should always be conducted during the first assessment session(s) and as needed.

Comprehensive Treatment Plan:

- After the initial evaluation, the clinician will complete a Comprehensive Treatment Plan, which outlines the recommended intervention for the client.
- The plan includes components such as long-term goals, target behaviors, and short-term objectives.

Plan of Care (Lesson Plan):

- A lesson plan is developed for each session, outlining the long-term goals, short-term goals, evidence-based practices, activities/materials, reinforcement schedule, data collection method, and strategies/prompts/cues/feedback.

SOAP Notes (Progress Notes):

- A SOAP note (progress note) is completed for each session, containing a subjective statement, objective part with long-term goals and short-term objectives, procedures and results, assessment section, and plan section.
- The SOAP note must be completed within 24 hours and sent to the Clinical Supervisor (CS).
- The SOAP note is usually completed within 48 hours after the therapy session following therapy review by the CS.

Comprehensive Treatment Summary/Discharge Summary:

- At the end of each semester, a Comprehensive Treatment Summary is completed, addressing baseline and current levels of short-term and/or long-term goals, treatment procedures, client interests, behavior management, summary of progress, and recommendations for further intervention.
- A Discharge Summary Note is completed when a client is discharged from the JLSLC. It includes all sections of the Discharge Summary Note, signed by the student clinician, reviewed, and signed by the Clinical Supervisor.
- Reasons for discharge can include meeting long-term goals, referral concerns addressed, parent/guardian non-compliance, inability to reach parent/guardian, excessive absences or failure to cancel appointments, client relocation, patient representative dissatisfaction, or choosing to receive services elsewhere.

Unusual Incident or Emergency

In the event of a personal injury or unusual occurrence, the following procedures will be followed:

1. Notification: The responsible party will be notified of the incident by the Clinic Director or a designated staff member.
2. First Aid and Safety Measures: Appropriate first aid or safety measures will be taken as necessary.
3. Incident Report: The student, faculty, staff, or clinic supervisor who witnessed the incident should complete an incident report. The clinic supervisor will also complete the incident report form.
4. Notification to Clinic Director: The Clinic Director must be informed of all such occurrences.

Procedure for Personal Injury or Unusual Occurrence:

1. Notify Clinical Supervisor (CS): In case of personal injury or unusual occurrence, notify the CS who will provide first aid if needed.
2. Incident Report: Complete an incident report documenting the details of the incident.
3. Notification to Clinic Director: The Clinic Director must be informed of all incidents.

First Aid and Emergency Medical System:

1. If there is a significant medical emergency, provide first aid as soon as able. Access the emergency medical system by calling 911 or contacting Security at x5000 (574-2845000).
2. Stay with the Afflicted Person: Remain with the person until first responders arrive and ensure that the scene is clear of people and obstacles.

Procedure for Fire:

1. Evacuation: In the event of a fire, escort all clients and caregivers from the clinic to the designated department area and outside the clinic doors to the Clubhouse Parking Lot area.
2. Closing Doors and Directing Students: Faculty and staff not involved in evacuating clients should close all doors and direct students to exit the area.
3. Accountability: The Clinic Director and/or Program Director are responsible for ensuring that all individuals have safely exited the building. The Administrative Assistant will maintain a list of daily appointments for easy identification of individuals likely to be in the area.

Clinical Supervisor Role and Responsibility

- 1) The Clinical Supervisor (CS) plays a crucial role in overseeing the caseload of clients receiving speech therapy services at the JLSLC. The CS is responsible for ensuring the delivery of high-quality clinical care to clients and maintaining the highest standards of clinical services. The following procedures have been established to support these responsibilities:
- 2) **Mentoring and Guiding:** The CS is responsible for mentoring, guiding, and directly teaching the student clinician in performing their clinical responsibilities.
- 3) **Client Awareness:** The CS ensures that the client or their responsible party is aware of their role as the Clinical Supervisor.
- 4) **Preparation:** The CS ensures that the student clinician is well-prepared for their sessions and may assign additional assignments if necessary.
- 5) **Timely Documentation:** The CS ensures that all documentation, including diagnostic reports, comprehensive treatment plans, and progress notes, is completed in a timely manner. Diagnostic reports and treatment plans should be done within one week of the evaluation.
- 6) **Lesson Plans:** The student clinician must submit their lesson plans to the CS for review 48 hours prior to the scheduled session. No identifying information should be included in the working notes.
- 7) **Goal Modification:** If goals need to be modified or added, the CS ensures that the necessary changes are made and reflected in the plan for the next session.
- 8) **Supervision and Verification:** The CS supervises the student clinician for a minimum of 25% of the client contact time, adjusting this percentage as needed. They also verify and sign off on all clinical hours.
- 9) **Communication:** The CS maintains regular communication with the Clinical Director and meets with the student clinicians on a regular basis.
- 10) **Absences and Substitutions:** The CS notifies the Clinical Director and the student clinician in case of unavoidable absence or tardiness. They are responsible for arranging appropriate substitutes when unable to be present for a scheduled session.

- 11) Evaluation and Assessment: The CS completes a midterm assessment and a final evaluation for each student they supervise. If there are multiple CSs for a student, they collaborate to provide the student with a midterm and final grade.
- 12) ASHA Knowledge and Skills Assessment (KASA): The CS, in collaboration with the Clinical Practicum Instructor, assesses the clinical progress of Student Clinicians towards the ASHA KASA. For undergraduate students, the CS completes the evaluation for clinical practicum.
- 13) Note: a CS must be present on the premises whenever a student clinician is with a client to ensure supervision and safety.

The Knowledge and Skills Assessment/ Calipso/ Undergraduate Hours

Undergraduate Student Hours

Undergraduate student clinicians will continue to keep track of their clinic observation hours and clinical clock hours on the forms provided.

Graduate and 4+1 Seniors Student Hours

KASA is an assessment used to evaluate students progress and completion of the necessary academic knowledge and clinical skills required for certification from the Council for the Clinical Certification in Audiology and Speech-Language Pathology (CFCC). It encompasses nine general areas of focus, which include:

Speech Sound Disorders

Language and Literacy

Fluency Disorders

Voice and Resonance Disorders

Social Communication Aspects

Cognitive Communication Skills Disorders
of Hearing

Augmentative and Alternative Communication (AAC)

Swallowing Disorders

Students gain academic and clinical experience in these areas through coursework, special topic offerings, as well as observation, on-site and off-site placements, and simulation opportunities. A total of 400 clinical hours is required, including 25 hours of observation. Up to 50 undergraduate hours may be counted, while a minimum of 325 hours must be obtained during graduate studies.

Students are responsible for recording their hours and experiences on the CALIPSO software, which allows clinical supervisors to sign off on them. It is the joint responsibility of the clinical supervisor and the student to ensure all clinical experiences are accounted for during the semester. When signing off on hours, the clinical supervisor verifies that supervision occurred for at least 25% of the time. Faculty members are responsible for verifying course completion on CALIPSO, ensuring that the learning outcomes are met.

Graduate and 4+1 Seniors Student Calipso Hours Documentation Student Responsibilities Policy

CALIPSO Electronic Data Base

The Speech Language Pathology Department uses a secure, on-line program, CALIPSO, to track clinical experiences. This system will also enable students to maintain an electronic portfolio and manage a variety of external documents. It will allow the Clinic Director to maintain a comprehensive database of clinical sites and instructors. Students will have access to this system over the course of their graduate studies and then continuing for three years after graduation to allow and ensure access to clinical hours. Any documentation that accompanies Student Clinicians at the beginning of their program of study will be put into the CALIPSO data base by the student including:

- ✓ Copy of background check (Fall Year 1 and Fall Year 2)
- ✓ Copy of Drug Screening (Fall year 1 and Fall Year 2)
- ✓ Vaccination Record (update as needed to reflect most up to date vaccinations)
- ✓ Observation Hours Form
- ✓ Undergraduate Clinical Clock Hours form
- ✓ HIPAA training certificate
- ✓ CPR Training Certificate
- ✓ Clinic Note Training Certificate

Students cannot begin face to face clinic experiences until these items are uploaded into CALIPSO.

Start of Every Semester:

- Clinical Experience Disclosure: Discuss with your supervisor how to appropriately utilize the comment box to detail your clinical experiences with clients, adhering to HIPAA standards.
- Clinical Clockhour Overview: Print your Clinical Clockhour Database (DB) and review with your supervisor the experiences you are missing. If assistance is needed in categorizing hours to represent your experience or to cover a particular category, please consult the Clinic Director.

During the Semester


- Detailed Logging: The comment box for each clockhour logged into CALIPSO should explain the specific clinical experience. Regular audits are performed, and any hours missing necessary information will be discounted and deleted from your CALIPSO record. There are no exceptions.

- In the event a supervisor discovers a pattern of a student consistently logging hours without the required information, the student will be assigned an action plan by the Clinic Director. The action plan will be utilized to rectify the issue and ensure accurate and complete CALIPSO logging moving forward.
- When logging hours, ensure you are choosing the month and year corresponding to the last month of the semester in which you are logging the hours.

At Midterm and Final

- Clinical Clockhour Verification: Print and share your Clinical Clockhour DB with your supervisor at midterm and end of semester to confirm all clock hours have an associated CALIPSO rating score.
- Review your midterm and final against your Clinical Clockhour DB for accuracy before your supervisor marks the evaluation complete and signs it.
- CALIPSO Rating Requirement: Every clockhour logged must receive a CALIPSO rating from your supervisor. Audits conducted each semester will identify hours without associated CALIPSO scores, which will be removed from your record. No exceptions apply.
- Final Evaluation Preparation: Your supervisor will duplicate your midterm in CALIPSO and convert it to your final evaluation, amending and adding new scores as necessary. This ensures that your final evaluation accurately reflects your entire experience.
- Self Evaluations: Students must complete a self evaluation and print to share with their supervisors at both midterm and final.

SLP 587 Semester Responsibilities

- CALIPSO Checklist Monitoring: Throughout your SLP 587 externship, closely monitor your CALIPSO checklist.
- Checklist Completion: All items on your checklist should have green checkmarks for you to be eligible for a grade in your final clinic semester. If a  remains on your Clinical Education Checklist when the 587 Instructor of Record enters grades, you will receive an incomplete grade and may not graduate on time. The grade will not be adjusted until the student corrects the information in CALIPSO and all green checks are completed.

Grading Policy

SLP 584/585/586/587 Grading System

The practicum courses (SLP 584, 585, 586, 587) are designed to be learner-centered. Students will integrate classroom instruction with hands-on clinical practice, emphasizing adherence to professional standards and ethical conduct. Students are provided opportunities to evaluate and treat a diverse client base in different settings and use appropriate equipment and resources to acquire and demonstrate skills across the scope of practice in speech-language pathology.

As a student, you are expected to review the accreditation standards to understand the depth and breadth of knowledge expected of speech-language pathologists.

Calipso Rating Scale

The following rating scale is used to assess student clinical performance in various areas:

1. Early Emerging: Specific direction from the supervisor does not alter unsatisfactory performance.
2. Emerging: The clinical skill/behavior is beginning to emerge. Efforts to modify may result in varying degrees of success. Maximum amount of direction from the supervisor is needed to perform effectively.
3. Present: Inconsistently demonstrates clinical behavior/skill. Exhibits awareness of the need to monitor, adjust, and make changes. Modifications are generally effective. Moderate amount of direction from the supervisor is needed to perform effectively.
4. Developing Mastery: Displays minor technical problems which do not hinder the therapeutic process. Minimum amount of direction from the supervisor is needed to perform effectively.
5. Independent: Adequately and effectively implements the clinical skill/behavior. Demonstrates independent and creative problem-solving.

Clinical Practice Grading Scale

SLP 584 Fall Year 1

S (Satisfactory): 2.75 to 5.00

S (with Intervention Plan): 2.50 to 2.74

U (Unsatisfactory): Below 2.50

SLP 585 Spring Year 1

S (Satisfactory): 3.00 to 5.00

S (with Intervention Plan): 2.75 to 2.99

U (Unsatisfactory): Below 2.75

SLP 585 Summer Year 1

S (Satisfactory): 3.25 to 5.00

S (with Intervention Plan): 3.00 to 3.24

U (Unsatisfactory): Below 3.00

SLP 586 Fall Year 2

S (Satisfactory): 3.5 to 5.00

U (Unsatisfactory): 3.49 or below.

SLP 586 Spring Year 2

S (Satisfactory): 3.75 to 5.00

U (Unsatisfactory): 3.74 or below.

SLP 587 Summer Year 2

S (Satisfactory): 4.00 to 5.00

U (Unsatisfactory): Below 4.00

Evaluation Processes for Associated Seminar Class

In the seminar classes linked to SLP 584, 585, 586, 587, a specification grading system is used to assess student work. Students can earn up to +0.25 points towards their Calipso score for attending and participating in seminar classes, as well as for completing associated assignments on time. However, students may have up to -0.25 points deducted for poor attendance and participation in seminars, or for missing, incomplete, or late submission of associated assignments. Each individual course will have its own set specifications to earn points toward the student's Calipso Score.

Eligibility for External Placement in Summer Year 1 or Fall Year 2

Second-year students may be considered for an external part-time placement during Fall Year Two. To qualify, students must achieve a Calipso score of 3.50 or higher in Spring and/or Summer of Year 1. This ensures that only those who have demonstrated a strong level of competency in their clinical skills are eligible for these opportunities. **Achieving the required score does not guarantee an offsite placement.** Placement decisions will acknowledge factors such as student interest, the availability of sites, individual student needs, and other relevant considerations. The final decision about offsite placements is at the discretion of the faculty.

The requirement of a 3.5 Calipso score for eligibility in external placements is based on our commitment to ensuring that students are well-prepared to meet the demands of real-world clinical environments. A score of 3.5 reflects a transition from being "Present" to "Developing Mastery" on our rating scale, indicating that the student has begun to apply clinical skills with minimal supervision. This level of competency is crucial for external placements, where students are expected to operate with greater independence and handle more complex clinical situations. By setting the threshold at 3.5, we ensure that only students with sufficient clinical proficiency are considered for these opportunities. This not only protects the quality of care provided to clients at these external sites but also supports the professional development of our students by placing them in environments where they are more likely to succeed and grow. The 3.5 requirement is part of our broader commitment to excellence in clinical education, ensuring that all students who are selected for external placements are fully prepared to take on the responsibilities and challenges they will encounter.

Expectation for Progression to Spring Year 2 and Summer Year 2 Externship

In order to participate in an externship during Spring Year 2, students need to achieve a Calipso score of 3.5 or higher in Fall Year 2. For the Summer Year 2 externship, a score of 3.75 or higher is required. These criteria ensure that students have the necessary clinical skills and readiness to

handle the increased responsibilities of an external placement as they move towards career readiness. If a student is not on track to meet the required competency score at midterm, an intervention plan may be developed to address specific areas of concern, giving the student time to improve before the final evaluation.

If a student still does not meet the required competency score by the end of the semester, despite the intervention plan, they will be required to retake the course when it is next offered. This approach ensures that students are well-prepared and demonstrate the necessary clinical competencies to advance in their training and professional practice.

Action Plan Policy: Enhancing Clinical Skills

Purpose:

Action plans are written documents designed to address and enhance specific clinical skills when a student's knowledge and abilities fall below the acceptable minimum level of competence, as reflected in their *Calipso* score. These plans provide the necessary support and resources to help students improve their performance and meet the required clinical competencies for progression in the program. By actively engaging in the plan and collaborating with clinical faculty, students can successfully address areas of concern and improve their *Calipso* scores.

Supportive Approach:

Action plans are designed as formative and supportive interventions. The primary goal is to provide students with additional guidance, resources, and targeted interventions to address specific areas of underperformance. The aim is to help students achieve the clinical competencies required for entry-level practice by giving them the tools and opportunities for growth. Continuous feedback and collaboration with faculty are integral to the success of the action plan.

Development of the Plan:

When developing an action plan, the student's current *Calipso* score, as well as the identified areas of concern, are taken into account in relation to **CAA** and **ASHA** standards. Based on the *Calipso* grading scale:

- In **SLP 584 (Fall Year 1)**, an action plan will be developed if the student's score falls between **2.50 to 2.74**.
- In **SLP 585 (Spring Year 1)**, if a student scores between **2.75 to 2.99**, an intervention plan will be required.
- In **SLP 585 (Summer Year 1)**, students scoring between **3.00 to 3.24** will require an intervention plan.
- In **SLP 586 (Fall Year 2)**, students who fall below **3.50** by midterm may be placed on an action plan to give them the opportunity to meet the required threshold by the end of the semester.
- In **SLP 586 (Spring Year 2)**, if a student scores below **3.75**, an intervention plan may be implemented.
- In **SLP 587 (Summer Year 2)**, students must score **4.00 or higher** to avoid triggering an action plan. Scores below **4.00** will require intervention to ensure readiness for graduation and entry-level clinical practice.

The action plan will include behaviorally defined, measurable goals with clear timelines and expectations for improvement. The plan is typically written by the Clinic Director or the student's direct clinical supervisor(s) and focuses on specific areas where improvement is needed to meet program expectations and competencies.

Importance of Completion:

Students must complete the action plan within the designated timeframe to achieve the required clinical competency. If the student does not meet the required goals of the action plan by the final evaluation:

- They may be placed on a **formal intervention plan**, overseen by the Graduate Program Director.
- Failure to meet the required *Calipso* score (such as a score below **3.50** in **Fall Year 2**, **3.75** in **Spring Year 2**, or **4.00** in **Summer Year 2**) could result in the need to retake the course when it is next offered, which would delay progression to externship placements or graduation.

Plan Agreement:

The action plan must be signed by the student, direct supervisor(s), and Director of Clinical Education, ensuring a shared understanding and commitment to the outlined improvement steps. A copy of the plan will be placed in the student's file. This process ensures accountability and supports the student's progression toward clinical competence.

Appendix A

PRIVACY POLICY & PRACTICES

Privacy Practices Protected

Health Information.

Saint Mary's College Judd Leighton Speech and Language Clinic protects all "*individually identifiable health information*" (i.e., "*protected health information (PHI)*"), held or transmitted by Saint Mary's College, Notre Dame, JLSLC, or its business associate, in any form or media, whether electronic, paper, or oral.

Individually identifiable health information is information, including demographic data (e.g., name, address, birth date, Social Security Number) that relates to: the individual's past, present or future physical or mental health or condition, the provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual. Individually identifiable health information includes many common identifiers.

De-Identified Health Information.

There are no restrictions on the use or disclosure of de-identified health information. De-identified health information neither identifies nor provides a reasonable basis to identify an individual either by a formal determination by a qualified statistician or the removal of specified identifiers of the individual and of the individual's relatives, household members, and employers. This is considered adequate only if the covered entity has no actual knowledge that the remaining information could be used to identify the individual.

Basic Principle.

The major purpose of Saint Mary's College JLSLC's privacy policy is to specify the circumstances in which an individual's protected health information may be used or disclosed by covered entities. Saint Mary's College JLSLC may not use or disclose protected health information, except either: as the individual who is the subject of the information (or the individual's personal representative) authorizes in writing or as permitted by law.

Required Disclosures.

Saint Mary's College JLSLC must disclose protected health information in only two situations: (a) to individuals (or their personal representatives) specifically when they request access to, or an accounting of disclosures of, their protected health information; and (b) to HHS.

Permitted Uses and Disclosures.

Saint Mary's College JLSLC is permitted, but not required, to use and disclose protected health information, without an individual's authorization, for the following purposes or situations: (1) To the Individual (unless required for access or accounting of disclosures); (2) Treatment, Payment, and Health Care Operations; (3) Opportunity to Agree or Object; (4) Incident to an otherwise permitted use and disclosure; (5) Public Interest and Benefit Activities; and (6) Limited Data Set for the purposes of research, public health or health care operations. Saint Mary's College JLSLC may rely on professional ethics and best judgments in deciding which of these permissive uses and disclosures to make.

(1) To the Individual. Saint Mary's College JLSLC may disclose protected health information to the individual, or his legal representative, who is the subject of the information.

(2) Treatment, Payment, Health Care Operations. Saint Mary's College JLSLC may use and disclose protected health information for its own treatment, payment, and health care operations activities. Saint Mary's College JLSLC also may disclose protected health information for the treatment activities of any health care provider, the payment activities of another covered entity and of any health care provider, or the health care operations of another covered entity involving either quality or competency assurance activities or fraud and abuse detection and compliance activities, if both covered entities have or had a relationship with the individual and the protected health information pertains to the relationship.

Treatment is the provision, coordination, or management of healthcare and related services for an individual by one or more health care providers, including consultation between providers regarding a client and referral of a client by one provider to another.

Health care operations are any of the following activities: (a) quality assessment and improvement activities, including case management and care coordination; (b) competency assurance activities, including provider or health plan performance evaluation, credentialing, and accreditation; (c) conducting or arranging for medical reviews, audits, or legal services, including fraud and abuse detection and compliance programs; (d) specified insurance functions, such as underwriting, risk rating, and reinsuring risk; (e) business planning, development, management, and administration; and (f) business management and general administrative activities of the entity, including but not limited to: de-identifying protected health information, creating a limited data set, and certain fundraising for the benefit of the covered entity.

(3) Uses and Disclosures with Opportunity to Agree or Object. Informal permission may be obtained by asking the individual outright, or by circumstances that clearly gives the individual the opportunity to agree, acquiesce, or object. Where the individual is incapacitated, in an emergency situation, Saint Mary's College JLSLC generally may make such uses and disclosures, if in the exercise of their professional judgment, the use or disclosure is determined to be in the best interests of the individual in order to take care of the client.

For Notification and Other Purposes.

Saint Mary's College JLSLC will rely on an individual's written authorization to disclose to the individual's family, relatives, or friends, or to other persons, whom the individual identifies, protected health information directly relevant to that person's involvement in the individual's care or payment for care. This provision, for example, allows a clinician to disclose progress in a therapy session to a person acting on behalf of the client. Similarly, Saint Mary's College JLSLC may rely on an individual's informal permission to use or disclose protected health information for the purpose of notifying (including identifying or locating) family members, personal representatives, or others responsible for the individual's care. In addition, protected health information may be disclosed for notification purposes to public or private entities authorized by law or charter to assist in disaster relief efforts.

(4) Incidental Use and Disclosure. Saint Mary's College JLSLC does not require that every risk of an incidental use or disclosure of protected health information be eliminated.

A use or disclosure of this information that occurs as a result of, or as "incident to," an otherwise permitted use or disclosure is permitted as long as the Saint Mary's College JLSLC has adopted reasonable safeguards as required by Saint Mary's College JLSLC and its own privacy policies, and the information being shared was limited to the "minimum necessary," as required by law.

(5) Public Interest and Benefit Activities. The Privacy Rule permits use and disclosure of protected health information, without an individual's authorization or permission, for 12 national priority purposes. These disclosures are permitted, although not required, by the Rule in recognition of the important uses made of health information outside of the health care context. Specific conditions or limitations apply to each public interest purpose, striking the balance between the individual privacy interest and the public interest need for this information.

Required by Law. Covered entities may use and disclose protected health information without individual authorization as *required by law* (including by OCR Privacy Rule Summary 7 Last Revised 05/03 statute, regulation, or court orders).

Public Health Activities. Saint Mary's College JLSLC may disclose protected health information to: (1) public health authorities authorized by law to collect or receive such information for preventing or controlling disease, injury, or disability and to public health or other government authorities authorized to receive reports of child abuse and neglect; (2) entities subject to FDA regulation regarding FDA regulated products or activities for purposes such as adverse event reporting, tracking of products, product recalls, and post marketing surveillance; (3) individuals who may have contracted or been exposed to a communicable disease when notification is authorized by law; and (4) employers, regarding employees, when requested by employers, for information concerning a work-related illness or injury or workplace related medical surveillance, because such information is needed by the employer to comply with the Occupational Safety and Health Administration (OHS), the Mine Safety and Health Administration (MHS), or similar state law.

Victims of Abuse, Neglect or Domestic Violence. In certain circumstances, Saint Mary's College JLSLC may disclose protected health information to appropriate government authorities regarding victims of abuse, neglect, or domestic violence.

Health Oversight Activities. Saint Mary's College JLSLC may disclose protected health information to health oversight agencies, as defined by law, for purposes of legally authorized health oversight activities, such as audits and investigations necessary for oversight of the health care system and government benefit programs.

Judicial and Administrative Proceedings. Saint Mary's College JLSLC may disclose protected health information in a judicial or administrative proceeding if the request for the information is through an order from a court or administrative tribunal. Such information may also be disclosed in response to a subpoena or other lawful process if certain assurances regarding notice to the individual or a protective order are provided.

Law Enforcement Purposes. Saint Mary's College JLSLC may disclose protected health information to law enforcement officials for law enforcement purposes under the following six circumstances, and subject to specified conditions: (1) as required by law (including court orders, court-ordered warrants, subpoenas) and administrative requests; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) in response to a law enforcement official's request for information about a victim or suspected victim of a crime; (4) to alert law enforcement of a person's death, if the covered entity suspects that criminal activity caused the death; (5) when Saint Mary's College JLSLC believes that protected health information is evidence of a crime that occurred on its premises; and (6) by a covered health care provider in a medical emergency not occurring on its premises, when necessary to inform law enforcement about the commission and nature of a crime, the location of the crime or crime victims, and the perpetrator of the crime.

Research. "Research" is any systematic investigation designed to develop or contribute to generalizable knowledge. Saint Mary's College JLSLC permits a covered entity to use and disclose protected health information for research purposes, without an individual's authorization, provided the covered entity obtains either: (1) documentation that an alteration or waiver of individuals' authorization for the use or disclosure of protected health information about them for research purposes has been approved by an Institutional Review Board or Privacy Board; (2) representations from the researcher that the use or disclosure of the protected health information is solely to prepare a research protocol or for similar purpose preparatory to research, that the researcher will not remove any protected health information from the covered entity, and that protected health information for which access is sought is necessary for the research; or (3) representations from the researcher that the use or disclosure sought is solely for research on the protected health information of decedents that the protected health information sought is necessary for the research, and, at the request of the covered entity, documentation of the death of the individuals about whom information is sought. Saint Mary's College JLSLC also may use or disclose, without an individual's authorization, a limited data set of protected health information for research purposes (see discussion below).

Serious Threat to Health or Safety. Saint Mary's College JLSLC may disclose protected health information that they believe is necessary to prevent or lessen a serious and imminent threat to a person or the public, when such disclosure is made to someone they believe can prevent or lessen the threat (including the target of the threat). Saint Mary's College JLSLC may also disclose to law enforcement if the information is needed to identify or apprehend an escapee or violent criminal.

Essential Government Functions. An authorization is not required to use or disclose protected health information for certain essential government functions. Such functions include: assuring proper execution of a military mission, conducting intelligence and national security activities that are authorized by law, providing protective services to the President, making medical suitability determinations for U.S. State Department employees, protecting the health and safety of inmates or employees in a correctional institution, and determining eligibility for or conducting enrollment in certain government benefit programs.

Workers' Compensation. Saint Mary's College JLSLC may disclose protected health information as authorized by, and to comply with, workers' compensation laws and other similar programs providing benefits for workrelated injuries or illnesses.

6) Limited Data Set. A limited data set is protected health information from which certain specified direct identifiers of individuals and their relatives, household members, and employers have been removed. A limited data set may be used and disclosed for research, health care operations, and public health purposes, provided the recipient enters into a data use agreement promising specified safeguards for the protected health information within the limited data set.

Authorization. Saint Mary's College JLSLC must obtain the individual's written authorization for any use or disclosure of protected health information that is not for treatment, payment or health care operations or otherwise permitted or required by The Saint Mary's College JLSLC. Saint Mary's College JLSLC may not condition treatment, payment, enrollment, or benefits eligibility on an individual granting an authorization, except in limited circumstances. An authorization must be written in specific terms. It may allow use and disclosure of protected health information by the covered entity seeking the authorization, or by a third party. All authorizations must be in plain language, and contain specific information regarding the information to be disclosed or used, the person(s) disclosing and receiving the information, expiration, right to revoke in writing, and other data, activities of a coroner or medical examiner or as required by law.

Marketing. Marketing is any communication about a product or service that encourages recipients to purchase or use the product or service. The following health-related activities are exempted from this marketing definition as allowed by HIPAA:

Communications to describe health-related products or services, or payment for them, provided by or included in a benefit plan of the covered entity making the communication;

Communications about participating providers in a provider or health plan network, replacement of or enhancements to a health plan, and health-related products or services available only to a health plan's enrollees that add value to, but are not part of, the benefits plan;

Communications for treatment of the individual; and

Communications for case management or care coordination for the individual, or to direct or recommend alternative treatments, therapies, health care providers, or care settings to the individual.

Marketing also is an arrangement between Saint Mary's College JLSLC and any other entity whereby the covered entity discloses protected health information, in exchange for direct or indirect remuneration, for the other entity to communicate about its own products or services encouraging the use or purchase of those products or services.

Saint Mary's College JLSLC must obtain an authorization to use or disclose protected health information for marketing. An authorization for marketing that involves the covered entity's receipt of direct or indirect remuneration from a third party must reveal that fact.

Minimum Necessary. A central aspect of Saint Mary's College JLSLC is the principle of "minimum necessary" use and disclosure. Saint Mary's College JLSLC must make reasonable efforts to use, disclose, and request only the minimum amount of protected health information needed to accomplish the intended purpose of the use, disclosure, or request. Saint Mary's College JLSLC has policies and procedures to reasonably limit uses and disclosures to the minimum necessary. When the minimum necessary standard applies to a use or disclosure, Saint Mary's College JLSLC may not use, disclose, or request the entire medical record for a particular purpose, unless it can specifically justify the whole record as the amount reasonably needed for the purpose. The minimum necessary requirement is not imposed in any of the following circumstances: (a) disclosure to or a request by a health care provider for treatment; (b) disclosure to an individual who is the subject of the

information, or the individual's personal representative; (c) use or disclosure made pursuant to an authorization; (d) disclosure to HHS for complaint investigation, compliance review or enforcement; (e) use or disclosure that is required by law.

Access and Uses. For internal uses, Saint Mary's College JLSLC has implemented policies and procedures that restrict access and uses of protected health information based on the specific roles of the members of their workforce. These policies and procedures must identify the persons, or classes of persons, in the workforce who need access to protected health information to carry out their duties, the categories of protected health information to which access is needed, and any conditions under which they need the information to do their jobs.

Disclosures and Requests for Disclosures. Saint Mary's College JLSLC has policies and procedures / standard protocols for *routine, recurring disclosures, or requests for disclosures*, that limits the protected health information disclosed to that which is the minimum amount reasonably necessary to achieve the purpose of the disclosure. Individual review of each disclosure is not required. For non-routine, non-recurring disclosures, or requests for disclosures that it makes, Saint Mary's College JLSLC has criteria designed to limit disclosures, as noted in this policy and in the Consent Form (Exhibit A), to the information reasonably necessary to accomplish the purpose of the disclosure and review each of these requests individually in accordance with the established criteria.

Reasonable Reliance. If another covered entity makes a request for protected health information, Saint Mary's College JLSLC may rely, if reasonable under the circumstances, on the request as complying with this minimum necessary standard. Similarly, Saint Mary's College JLSLC may rely upon requests as being the minimum necessary protected health information from: (a) a public official, (b) a professional (such as an attorney or accountant) who is the covered entity's business associate, seeking the information to provide services to or for the covered entity; or (c) a researcher who provides the documentation or representation required by Saint Mary's College JLSLC for research.

Privacy Practices Notice. Saint Mary's College JLSLC will provide a notice of its privacy practices. The notice describes individuals' rights, including the right to complain to HHS and to the covered entity if they believe their privacy rights have been violated. The notice includes a point of contact for further information and for making complaints to Saint Mary's College JLSLC.

Notice Distribution. A covered health care provider with a *direct treatment relationship* with individuals must deliver a privacy practices notice to clients as follows:

- Not later than the first service encounter by personal delivery (for client visits), by automatic and contemporaneous electronic response (for electronic service delivery), and by prompt mailing (for telephonic service delivery);
- By posting the notice at each service delivery site in a clear and prominent place where people seeking service may reasonably be expected to be able to read the notice; and
- In emergency treatment situations, the provider must furnish its notice as soon as practicable after the emergency abates.

Covered entities, whether *direct treatment providers* or *indirect treatment providers* (such as laboratories) or *health plans* must supply notice to anyone on request. Saint Mary's College JLSLC must also make its notice electronically available on any website it maintains for customer service or benefits information.

Acknowledgement of Notice Receipt. Saint Mary's College JLSLC with a direct treatment relationship with individuals will make a good faith effort to obtain written acknowledgement from clients of receipt of the privacy practices notice. Saint Mary's College JLSLC will document the reason for any failure to obtain the

client's written acknowledgement. The provider is relieved of the need to request acknowledgement in an emergency treatment situation.

Access. Except in certain circumstances, individuals have the right to review and obtain a copy of their protected health information in Saint Mary's College JLSLC's designated record set. The "designated record set" is that group of records maintained by or for Saint Mary's College JLSLC that is used, in whole or part, to make decisions about individuals, or that is a provider's medical and billing records about individuals or a health plan's enrollment, payment, claims adjudication, and case or medical management record systems. For information included within the right of access, covered entities may deny an individual access in certain specified situations, such as when a health care professional believes access could cause harm to the individual or another. In such situations, the individual must be given the right to have such denials reviewed by a licensed health care professional for a second opinion. Covered entities may impose reasonable, costbased fees for the cost of copying and postage.

Amendment. HIPAA allows Saint Mary's College JLSLC the right to have amendments to their protected health information in a designated record set when that information is inaccurate or incomplete. If Saint Mary's College JLSLC accepts an amendment request, it must make reasonable efforts to provide the amendment to persons that the individual has identified as needing it, and to persons that the covered entity knows might rely on the information to the individual's detriment. If the request is denied, Saint Mary's College JLSLC must provide the individual with a written denial and allow the individual to submit a statement of disagreement for inclusion in the record. HIPAA specifies processes for requesting and responding to a request for amendment. Saint Mary's College JLSLC must amend protected health information in its designated record set upon receipt of notice to amend from another covered entity.

Disclosure Accounting. Individuals have a right to an accounting of the disclosures of their protected health information by Saint Mary's College JLSLC or the covered entity's business associates. The maximum disclosure accounting period is the six years immediately preceding the accounting request, except Saint Mary's College JLSLC is not obligated to account for any disclosure made before its HIPAA compliance date.

HIPAA does not require accounting for disclosures: (a) for treatment, payment, or health care operations; (b) to the individual or the individual's personal representative; (c) for notification of or to persons involved in an individual's health care or payment for health care, for disaster relief, or for facility directories; (d) pursuant to an authorization; (e) of a limited data set; (f) for national security or Intelligence purposes; (g) to correctional institutions or law enforcement officials for certain purposes regarding inmates or individuals in lawful custody; or (h) incident to otherwise permitted or required uses or disclosures. Accounting for disclosures to health oversight agencies and law enforcement officials must be temporarily suspended on their written representation that an accounting would likely impede their activities.

Restriction Request. Individuals have the right to request that Saint Mary's College JLSLC restrict use or disclosure of protected health information for treatment, payment or health care operations, disclosure to persons involved in the individual's health care or payment for health care, or disclosure to notify family members or others about the individual's general condition, location, or death. Saint Mary's College JLSLC is under no obligation to agree to requests for restrictions. Saint Mary's College JLSLC does agree to comply with the agreed restrictions, except for purposes of treating the individual in a medical emergency.

Confidential Communications Requirements. Saint Mary's College JLSLC permits individuals to request an alternative means or location for receiving communications of protected health information by means other than those that the covered entity typically employs. For example, an individual may request that the provider communicate with the individual through a designated address or phone number. Similarly, an individual may request that the provider send communications in a closed envelope rather than a postcard. Saint Mary's

College JLSLC must accommodate reasonable requests if the individual indicates that the disclosure of all or part of the protected health information could endanger the individual. Saint Mary's College JLSLC may not question the individual's statement of endangerment. Any covered entity may condition compliance with a confidential communication request on the individual specifying an alternative address or method of contact and explaining how any payment will be handled.

Privacy Policies and Procedures. Saint Mary's College JLSLC believes that it has developed and implemented written privacy policies and procedures that are consistent with the HIPAA.

Privacy Personnel. The Director of Clinical Practice of Saint Mary's College JLSLC has been designated as the privacy official responsible for developing and implementing its privacy policies and procedures. This person is responsible for receiving complaints and providing individuals with information on the covered entity's privacy practices.

Workforce Training and Management. Workforce members include employees, volunteers, trainees, and may also include other persons whose conduct is under the direct control of the entity (whether or not they are paid by the entity). Saint Mary's College JLSLC will train all workforce members on its privacy policies and procedures, as necessary and appropriate for them to carry out their functions. Saint Mary's College JLSLC has and will apply appropriate sanctions against workforce members who violate its privacy policies and procedures, up to and including discharge from the workforce of Saint Mary's College JLSLC.

Mitigation. Saint Mary's College JLSLC will attempt to mitigate, to the extent practicable, any harmful effect it learns was caused by use or disclosure of protected health information by its workforce or its business associates in violation of its privacy policies and procedures, FERPA or HIPAA.

Data Safeguards. Saint Mary's College JLSLC maintains reasonable and appropriate administrative, technical, and physical safeguards to prevent intentional or unintentional use or disclosure of protected health information in violation of HIPAA and to limit its incidental use and disclosure pursuant to otherwise permitted or required use or disclosure. For example, such safeguards might include shredding documents containing protected health information before discarding them, securing medical records with lock and key or passcode, and limiting access to keys or pass codes.

Complaints. Saint Mary's College JLSLC has procedures for individuals to complain about its compliance with its privacy policies and procedures, FERPA and HIPAA.

Saint Mary's College JLSLC explains those procedures in its privacy practices notice. Saint Mary's College JLSLC has identified to whom individuals can submit complaints to the covered entity and advise that complaints also can be submitted to the Secretary of HHS.

Retaliation and Waiver. Saint Mary's College JLSLC will not retaliate against a person for exercising rights provided by HIPAA, for assisting in an investigation by HHS or another appropriate authority, or for opposing an act or practice that the person believes in good faith violates HIPAA. Saint Mary's College JLSLC will not require an individual to waive any right under the Privacy Rule as a condition for obtaining treatment, payment, and enrollment or benefits eligibility.

Documentation and Record Retention. Saint Mary's College JLSLC will maintain, until six years (at least) after the later of the date of their creation or last effective date, its privacy policies and procedures, its privacy practices notices, disposition of complaints, and other actions, activities, and designations that HIPAA requires to be documented.

Personal Representatives. HIPAA requires Saint Mary's College JLSLC to treat the "*personal representative*" the same as the individual, with respect to uses and disclosures of the individual's protected health information, as well as the individual's rights under HIPAA. A personal representative is a person legally authorized to make health care decisions on an individual's behalf or to act for a deceased individual or the

estate. HIPAA permits an exception when Saint Mary's College JLSLC has a reasonable belief that the personal representative may be abusing or neglecting the individual or that treating the person as the personal representative could otherwise endanger the individual.

Special case: Minors. In most cases, parents are the personal representatives for their minor children. Therefore, in most cases, parents can exercise individual rights, such as access to the medical record, on behalf of their minor children. In certain exceptional cases, the parent is not considered the personal representative. In these situations, HIPAA defers to State and other law to determine the rights of parents to access and control the protected health information of their minor children. If State and other law is silent concerning parental access to the minor's protected health information, Saint Mary's College JLSLC has discretion to provide or deny a parent access to the minor's health information, provided the decision is made by a licensed health care professional in the exercise of professional judgment.

Reference: United States Department of Health and Human Services (HHS) Office
of Civil Rights (OCR)
Privacy Rule Summary

Last Revised 07/2023

Appendix B

Links to **important** ASHA Resources

[ASHA Practice Policy](#)

[Speech-Language Pathology and Audiology Certification](#) and
state licensing requirements

[Code of Ethics](#)

[Scope of Practice in Speech-Language Pathology](#)

[Evidence-Based Practice Toolkit](#)

[ASHA Practice Portal](#)

[S.T.E.P.– Student to Empowered Professional Mentoring
Program](#)

Appendix C

Saint Mary's Students with Disabilities Policy: Saint Mary's College (SMC) commits to complying with Section 504 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act of 1990 (ADA) to provide accommodations to students with disabilities. SMC strives to provide equitable access to educational resources and reasonable accommodations to support an inclusive academic community. When self-identifying, students with disabilities can be referred to the Accessibility Resource Office (ARO) by admissions counselors, advisors, faculty, or staff. a referral in itself does not obligate the College to provide accommodations. The following policies and procedures outline how a student can request and receive accommodations.

For more information, click here: [Students With Disabilities](#)

Equal Opportunity Policy

Saint Mary's College does not discriminate on the basis of race, gender, sexual orientation, color, national origin, religion, age, or disability in the recruitment and admission of students. This nondiscriminatory policy also applies to all the rights, privileges, programs, and activities generally accorded or made available to students at the College, and to the administration of educational policies, scholarships and loan programs, student employment and other College administered programs.

The Saint Mary's Judd Leighton Clinic does not discriminate in the delivery of professional services on the basis of race, color, religion, national or ethnic origin, disability, age, sexual orientation, genetic information, citizenship or status as a covered veteran; or other characteristics protected by federal, state or local statute or ordinance.

For more information click here: [Commitment to Diversity, Equity, and Inclusion](#)

Questions pertaining to discrimination may be directed to:

Clinic or Program Director
Department of Speech Language Pathology
34 Madeleva Hall, Ste. 150
Saint Mary's College
Notre Dame, IN 46556

ASHA National Office
2200 Research Boulevard
Rockville, MD 20850-3289
USA
Members: 800-498-2071
Non-Member: 800-638-82