

# **CSD GRADUATE PROGRAM HANDBOOK**

## **2022- 2023**

**SCHOOL OF COMMUNICATION  
SCIENCES AND DISORDERS  
THE UNIVERSITY OF MEMPHIS**

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## **INTRODUCTION**

This Handbook has been prepared to assist the professional degree (AuD, MA) students, the PhD students, graduate faculty and staff of the School of Communication Sciences and Disorders with information regarding the academic program and the operations of the clinic. The Handbook has been designed to outline the various requirements and conditions which must be met in order to satisfactorily complete the degree programs, and to meet the requirements of the Council of Academic Accreditation (CAA) for certification by the American Speech-Language-Hearing Association. In addition, various policies and procedures of the School and the clinic have been delineated.

Graduate students, faculty, and staff are responsible for knowing the material enclosed in the CSD Graduate Program Handbook and are strongly encouraged to review its contents regularly. If there are policy statements in this handbook that are unclear, it is important to consult the appropriate administrative personnel (Dean, Associate Dean of Graduate Studies, Directors of Clinical Education, and Academic Advisor) for clarification. Students, faculty and staff are encouraged to make recommendations which they feel may make this handbook more useful to the members of the School's graduate programs.

September 2022

(The contents herein are subject to change without notification).

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**Calendar of Events  
2022-2023**  
**School of Communication Sciences & Disorders**

**FALL SEMESTER 2022**

AUGUST

- 15 Initial Fee payment deadline; no late fee to re-register
- 17 CSD Fall Orientation Begins (**Required for All Clinical Students, mix of virtual and small group**)
- 19 Last Day for Regular Registration
- 19 (4:30 p.m.) Deadline for Fall 2022 fee payment or classes dropped; \$100 late fee to re-register
- 22 Classes & Clinic Begin
- 25 Late Registration Ends
- 26 Last day to receive a 100% refund if you drop a course
- 26 PhD. Orientation/First Colloquium Meeting
- 26 Fall Faculty Retreat (CHB 4004)

SEPTEMBER

- 1 Last Day to Apply to Graduate in MyMemphis Portal; Last Day to Submit Candidacy Form
- 2 Final Drop for Non-Payment of Course Fees; Last Day for a 50% refund if you drop a course
- 2 Faculty Meeting (2009)
- 5 Labor Day Holiday
- 12 NSSLHA All Student Meeting (11:30 am, 2010)
- 19 SAA All Student Meeting (2010)
- 30 Faculty Meeting (2009)

OCTOBER

- 3 Donuts with the Deans (2010)
- 3 NSSLHA All Student Meeting (11:30 am, 2010)
- 7 Studebaker Lecture, Dr. Ryan McCreary
- 10-11 Fall Break
- 12 2<sup>nd</sup> POT classes begin
- 17 SAA All Student Meeting (2010)

NOVEMBER

- 1 Last Day to upload defended and corrected thesis or dissertation for review
- 4 Faculty Meeting
- 7 SAA All Student Meeting (2010)
- 11 Studebaker Lecture, Dr. Tina Childress
- 11 Last day to submit comp exam results for F22
- 14 NSSLHA All Student Meeting (11:30 a.m., 2010)
- 14 Registration Opens for Spring 2023
- 17-19 ASHA Convention (New Orleans)
- 23-27 Thanksgiving Break
- 30 Last Day of Fall Classes

**Calendar of Events  
2022-2023**  
**School of Communication Sciences & Disorders**

**DECEMBER**

- 1 Study Day
- 2-8 Fall Final Exams
- 2 Faculty Meeting
- 11 Fall Commencement
- 12 Fall Grades Due
- 23-1/2 Administrative Closing – Winter Break

**SPRING SEMESTER 2023**

**JANUARY**

- 6 Spring Faculty Retreat
- 9-10 SLP MA Comp Exams (CHB 2507, 2<sup>nd</sup> floor Nursing computer lab)
- 10 3<sup>rd</sup> Year AuD Oral Exam
- 10 Fee Payment Deadline, Last day of Regular Registration
- 11 Spring Orientation, 1:30 pm (**Required for All Clinical Students**)
- 15 Late Registration, \$100 late fee
- 16 M.L. King Jr Holiday
- 17 Class and Clinic Begins
- 27 SLP MA Comp Rewrites

**FEBRUARY**

- 3 Apply to Graduate for S22 Due; Last Day to Submit Candidacy Form to the Graduation Analyst
- 3 Faculty Meeting (2009)
- 23-24 MidSouth (University Center)

**MARCH**

- 3 Faculty Meeting
- 4 End of First Part of Term
- 6-12 Spring Break  
Advising Deadline for Summer and Fall Registration
- 28 Student Research Forum

**APRIL**

- 1 Last Day to upload defended and corrected thesis or dissertation copy for review  
Registration Opens for Summer and Fall 2023
- 7 Last Day to submit Comp Exam Results
- 7 Faculty Meeting (2009)
- 12-15 Council on Academic Programs (Orlando)
- 19-22 American Academy of Audiology (Seattle)

**Calendar of Events  
2022-2023  
School of Communication Sciences & Disorders**

26 Classes & Clinic End

27 Study Day

**MAY**

4/28-5 Exams (Plan to stay through the 5<sup>th</sup>)

5 Graduation Reception

6 Commencement

7 Alternate Commencement Date

8 AuD Benchmark Exams

17-19 AuD Written Comp Exams

22-23 SLP MA Comp Exams (Nursing Computer Lab, 2507); SLP Benchmark Exams (2010)

24 Summer Orientation, 1:30 pm (**Required for All Clinical Students**)

29 Memorial Day Observed

30 First Day of Summer Classes

**SUMMER SEMESTER 2023 (tentative, pending Registrar)**

**JUNE**

5 Candidacy forms due to Associate Dean of Graduate Studies, Apply to Graduate, U20

9 SLP Comp Rewrites

**JULY**

3-4 Summer Break

Last day to submit defended & corrected Thesis/Dissertation copy to Grad School; Last day to submit Comp Exam results to the Grad School

CSD clinic ends

**AUGUST**

Last day to submit final Thesis/Dissertation PDF copy to ETD system to Grad School

CSD classes end

CSD final exams

Commencement

## FACULTY PERSONNEL

<b>Audiology Faculty</b>	
Cassandra Banks Clinical Assistant Professor AuD (2009) CCC-A University of Kansas	Deborah Moncrieff Assistant Professor PhD (1999) CCC-A University of Texas
Jordan Alyse Coffelt Clinical Assistant Professor AuD (2016) CCC-A University of Memphis	Hannah Beth Scott Part-time Clinical Instructor AuD (2018) CCC-A University of Memphis
Matthew Hollis Clinical Assistant Professor AuD (2008) CCC-A University of Memphis	Eileen Smith Clinical Assistant Professor AuD (2008) CCC-A Salus University
Jani Johnson Assistant Professor PhD (2011) CCC-A University of Memphis	Jennifer P. Taylor Director of Clinical Education Clinical Associate Professor AuD (2003) CCC-A University of Florida
Lisa Lucks Mendel Associate Dean, Graduate Studies Professor PhD (1988) CCC-A University of California – Santa Barbara	Sarah Warren Assistant Professor PhD (2017) CCC-A University of Arkansas – Little Rock

Speech-Language Pathology Faculty	
Tawni Ballinger, CCC-SLP Part-Time Clinical Instructor/Aphasia Programs	Elizabeth Laurence Part-Time Clinical Instructor/Speech Screenings
Eugene Buder, Jr. Associate Professor PhD (1991) University of Wisconsin – Madison	Julie Marshall Clinical Associate Professor MA (1986) CCC-SLP West Chester University
Dequeschia Bush Part-Time Clinical Instructor/School Screenings	Miriam van Mersbergen Assistant Professor PhD (2005) CCC-SLP University of Minnesota, Twin Cities
Naomi Eichorn Assistant Professor PhD (2014) CCC-SLP City University of New York	Demi McDowell, CCC-SLP Part-Time Clinical Instructor
Lynda Feenaughty Assistant Professor PhD (2016) CCC-SLP University of Buffalo	Katherine Mendez Co-Director Clinical Education, SLP Clinical Assistant Professor MA (2013) CCC-SLP University of Memphis
Vicki Haddix Clinical Associate Professor MS (2003) CCC-SLP Emerson College	JoClaire Merrill Clinical Associate Professor MA (1999) CCC-SLP University of Memphis
Casey Hansen, CCC-SLP Part-Time Clinical Instructor/Head Start Screenings	Amy Nabors Part-Time Clinical Instructor/Voice Program
Cille Heehs, CCC-SLP Part-Time Clinical Instructor/Head Start Screenings	D. Kimbrough Oller Professor Plough Chair of Excellence PhD (1971) University of Texas-Austin
Linda Jarmulowicz Dean Professor PhD (2000) CCC-SLP City University of New York	Kelli Owens, CCC-SLP Part-Time Clinical Instructor/Aphasia Programs

Caroline Royal-Evans, CCC-SLP Part-Time Clinical Instructor/Aphasia Programs	Justine Springs Co-Director of Clinical Education, SLP Clinical Assistant Professor MA (2016) CCC-SLP University of Memphis
John Sandidge Clinical Assistant Professor MA (1996) CCC-SLP University of Memphis	Darlene Winters, CCC-SLP Part-Time Clinical Instructor/Language Learning Lab

ASL Program Faculty	
Kristopher Colvin Assistant Professor of Teaching MS (2022) University of Tennessee, Knoxville	Alene White Assistant Professor of Teaching MEd (2009) University of Oklahoma
Trent Harper Assistant Professor of Teaching ASL Program Coordinator MA (2022) Gallaudet University	

EMERITUS FACULTY	
Herbert Gould Professor Emeritus PhD (1975) CCC-A University of Illinois	Walter Manning Professor Emeritus PhD (1972) CCC-SLP Michigan State University
Maurice Mendel Professor/Dean Emeritus Ph.D. (1970) CCC-A University of Wisconsin	David J Wark Professor Emeritus PhD (1971) CCC-A Indiana University
Joel Kahane Professor Emeritus PhD (1975) CCC-SLP University of Pittsburgh	Marilyn Wark Professor Emerita MA (1979) CCC-SLP San Diego State University

SUPPORT PERSONNEL	
Frances Breland, MA Administrative Associate II	Hassan Saadat Local Support Provider II
Joseph Edwards, MA Business Officer II	Feliza Vasquez Medical Billing Coordinator
Barbara Frederick, MPA Clinical Placement Coordinator	Destini Whitmore Office Associate
Albert Geeter Custodian	Devan Yanik A/V Multimedia Specialist
Carissa Richardson Office Associate	

RESEARCH PERSONNEL	
Edina Bene, PhD Project Coordinator II	Leah Rodgers CRISCI Pre-Award Coordinator
Ed Brainerd, MS Manager of Computer Support Systems	Lipika Sarangi, PhD Post-Doctoral Research Fellow
Kelsey Mankel, PhD Research Assistant Professor	Hayleigh Wilson, MA Research Associate
Monique Pousson, MA Research Associate II	

#### METHODIST LE BONHEUR PERSONNEL

Sheila Climer
Danielle Keeton

## **PART ONE**

### **ACADEMIC AND CLINICAL EDUCATION POLICIES AND PROCEDURES**

# MISSION STATEMENTS

## Vision and Mission of the University of Memphis

The University of Memphis is an internationally recognized, urban public research university preparing students for success in a diverse, innovative, global environment.

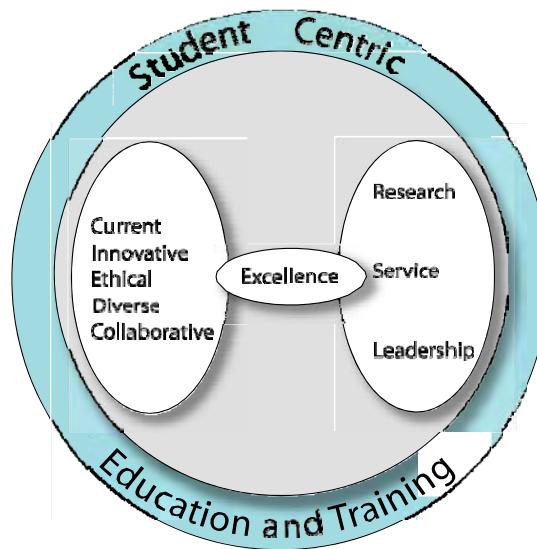
We provide the highest quality education by focusing on research and service benefitting local and global communities.

## Vision and Mission of the School of Communication Sciences & Disorders

The School of Communication Sciences and Disorders is dedicated to growth, advancement and application of understanding communication and communication disorders through leadership and rigor in scientific research, innovative preparation of lifelong learners, and culturally competent service to diverse communities.

To be a beacon to lifelong learners, an anchor in the community, and a vanguard of scientific and clinical innovation in communication sciences and disorders.

*The University of Memphis does not discriminate against students, employees or applicants for admissions on the basis of race, color, religion, creed, national origin, sex, sexual orientation, gender identity/expression, disability, age, status as a protected veteran, genetic information, or any other legally protected class with respect to all employment, programs and activities sponsored by the University of Memphis. The following position has been designated to handle inquiries regarding non-discrimination policies: Director for Institutional Equity, [oie@memphis.edu](mailto:oie@memphis.edu), 156 Administration Bldg., 901.678.2713. The University of Memphis is an Equal Opportunity/Affirmative Action University. It is committed to education of a non-racially identifiable student body.*



## **I. MASTER OF ARTS PROGRAM IN SPEECH-LANGUAGE PATHOLOGY**

### **Speech-Language Pathology (MA): Program Goals**

1. Demonstrate the breadth and depth of foundational communication science, including biological, etiological, theoretical, acoustic, physiological, cognitive and psychological bases of communication.
2. Understand and demonstrate the theoretical motivation for and practical applications of clinical reasoning for identification, assessment, and treatment of communication disorders.
3. Apply research analysis into evidence-based decision-making and clinical application.
4. Effectively communicate discipline-related knowledge in oral and written modalities, with families, clients, and other professionals.
5. Understand and accommodate cultural or linguistic differences related to communication development or to perceptions and attitudes toward communication disorders, differences, or intervention.
6. Exhibit attributes and abilities characteristic of competent speech-language pathologists, including accountability, integrity, adaptability, leadership, and professionalism.

#### **A. Non-CSD Course Requirements**

Previous academic preparation in audiology/speech-language pathology is not a requirement for admission; however, it is assumed that all students will have completed basic science coursework in the following areas. ASHA requires transcript credit in the following areas:

1. Biological/Physical Science (3 credits)
2. Statistics (3 credits)
3. Behavioral/Social Science (6 credits of Psychology/Sociology/Anthropology)
4. Physical Science (3 credits of Physics/Chemistry)

If a student has not met the above requirements in your undergraduate program, he or she will be required to complete the requirements during the graduate program. Depending on how many of these requirements have not been met, the student's graduate program may be extended.

To be counted toward the requirement, a grade of C (2.0) or better in the basic science coursework is expected.

#### **B. General Program Requirements**

Students must complete a minimum of 60 credit hours and meet the academic and practicum requirements for the Certificate of Clinical Competence of the American Speech-Language-Hearing Association. Most students complete at least 60 credit hours in their graduate program. Additional coursework will be required for those students without undergraduate preparation in Communication Sciences and Disorders ([Appendix I-A](#)).

1. Full time study requires enrollment in clinical practicum and students must obtain a 3.00 or above in at least 9 semester hours of clinical practicum, and must obtain a 3.00 or above in their last two semesters of clinical practicum. A minimum of 14 credit hours of AUSP 7200, AUSP 7208 and AUSP 8208 must be taken, but more hours may be required in order to meet certification standards. Clinical competencies expected by graduation are located in [Appendix I-C](#).
2. Students must complete a minimum of three semester hours of research experience. A thesis or non-thesis option is available. Students choosing the non- thesis option may fulfill their research experience with AUSP7991 (Clinical- Research Colloquium) or AUSP 7990 (Special Project), or a combination of both. NOTE: Students electing to write a thesis should familiarize themselves with the Thesis/Dissertation Preparation Guide before starting to write.
3. All students must successfully complete qualifying examinations.
4. All students must complete written comprehensive examinations.

#### C. Other Requirements

1. Proficiency in phonetic transcription  
All SLP students are required to take and pass AUSP 7501 Phonetic Transcription. A student who has had previous transcription coursework may ask to take a proficiency exam. The instructor of AUSP 7501 generates the proficiency exam and determines whether the course can be waived.
2. Comprehensive Examination  
All students must pass a written comprehensive examination during their final semester of coursework. Comprehensives are given twice each calendar year in the spring and summer semesters. Section I. F. of this document contains a detailed description of the comprehensive examination procedure.
3. Research Experience  
All students complete a research experience. Section I.E. of this document describes the options.

#### D. Academic Advisor

The academic advisor is responsible for developing, with the student, a plan of study. An advising checklist is maintained by the advisor. All coursework (both undergraduate and graduate) is logged on the checklist to ensure the student meets the academic requirements for the degree, ASHA certification, teacher certification and state licensure. Specific degree requirements may be found in the Graduate Catalog.

Students meet with their advisor at least once a semester to determine their course assignments for the next term in accordance with their academic plan. It is the ultimate responsibility of the student to ensure that all requirements are met.

## E. Research Experience

### 1. Thesis Option

The thesis program gives the student experience in conducting research and scholarly writing. In addition, the thesis experience can help a student understand and better evaluate research literature in his/her field of study. Those students who intend to enter a doctoral program or whose major goal is to engage in research are encouraged to complete a thesis. The decision to elect the thesis option should be made as early in the student's program as possible.

Students selecting the thesis option must enroll in AUSP 7996 for a minimum of 3 credits and a maximum of 6 credits in order to meet graduation requirements. Thesis students are responsible for organizing a thesis committee for purposes of approving a proposal. The thesis committee shall consist of the thesis advisor and at least two additional faculty members. All members of the thesis committee must be members of The University of Memphis Graduate Faculty. All students contemplating a thesis should read the Graduate School publication on policies for thesis and dissertations

[www.memphis.edu/gradschool/current\\_students/tdguide\\_preparation.php](http://www.memphis.edu/gradschool/current_students/tdguide_preparation.php).

Once a student has enrolled for thesis credit, he or she must continue this enrollment and may not change this option to a non-thesis option.

Thesis students must successfully complete an oral examination in defense of their thesis. The thesis committee is also responsible for determining that all written comprehensive examination competencies are also met. This is typically conducted by certifying at the oral examination that the student has mastered topics encompassed by the thesis experience and requiring that other topics are assessed.

### 2. Research Activity (Special Project) (Approved 8/2011 by SLP faculty)

This research-related experience is for those students who do not elect the thesis option but who wish to gain research experience in one of our faculty's research labs. The topic, procedure, and gradable product are negotiated between the student and the faculty director. Ideally, there will be an interpretive component, although some projects may not lend themselves to that.

### 3. Clinical-Research Colloquium

This research-related experience is for students who do not choose to complete option 1 or 2. Students will participate in a colloquium experience consisting of faculty and student presentations and discussion of recent, clinically relevant research in Speech-Language Pathology. Topics will include (but are not limited to) evidence based practices in evaluation and treatment of communication disorders. It is expected that students will enroll in this activity for a total of three credit hours during their program.

**F. Benchmark Examination (Revised Fall 2021)**

**1. Purpose of the Examination**

The purpose of the benchmark examination is to provide an opportunity for students to review and integrate foundational information covered in the first year of the program.

- 2. The examination includes written questions covering four key areas: Anatomy and Physiology, Pediatric Language, Neurological Bases of Communication, and Speech Science. The examination will be scheduled after first Spring semester. Students who do not pass the qualifying exam in any of the four areas must complete remedial work during their next semester as outlined in an Areas of Study Requiring Attention (ASRA) form. They will have the opportunity to retake the examination following completion of their ASRA. Students completing ASRAs related to benchmark examinations may need to extend or adjust their program of study. Students must pass the benchmark examinations to be retained in the program.**

**G. Comprehensive Examination (Revised Fall 2018)**

**1. Purpose of the Examination**

The comprehensive examination is a summative evaluation which provides an opportunity and a motivation for students to integrate information at a time when most of their program has been completed. It is an opportunity to reflect and discuss in a scholarly manner the current theoretical and applied literature in the profession.

The comprehensive examination also allows the faculty to evaluate the ability of students to grasp and apply a broad spectrum of information. While adequate performance in academic coursework is a prerequisite to graduation, it is also essential that graduating students demonstrate the ability to retain, integrate, and apply the knowledge gained in this coursework.

**2. Structure of the Examinations**

Students write responses to two questions on each of the two days of the examination and have one hour and 45 minutes per question on each day. A short break is provided between questions.

After initial assessment of the essays, students will be informed of which questions they passed, which need to be revised, and which need to be rewritten.

Students preparing revisions will be given a specific list of objectives in writing and will be allowed to review their original responses. They will not be allowed to review content with the faculty requesting revisions. This is partly because the identities of students should remain blinded at this stage. It is also because the intent is for students to have completed their reviews of the information with faculty prior to completing the first round of the exams. The expectation of a revision is that the original responses can be revised independently based on the faculty's written feedback.

After those revisions are assessed, students will be informed if any questions need to be rewritten. Once students have been informed of the necessity of rewrites their identities are revealed to the examiners requiring those rewrites, who may then make themselves available to provide further review preparatory to the rewrite.

Any questions not satisfactorily addressed in rewrites will then be assessed in an oral examination conducted by three SLP tenure-track faculty (to include the examiner and student's advisor).

**3. Content of the Examinations**

Each of the following four topic areas represents 1.5 hours of written content.

#1 Speech Sciences: Physiology, Acoustics, Phonetics, and Hearing; Examiner: Buder

Clinical Reasoning: The following three questions will require critical thinking and integration of basic and applied knowledge, including audiology, across the life span.

#2 Neurogenic Disorders of Language and Speech; Examiner: Feenaughty

#3 Child Language, Fluency, Evidence-Based Practice; Examiner: Eichorn

#4 Swallowing, Voice, and Ethics; Examiner: van Mersbergen

4. Administration of the Examinations

1. The examinations generally will be administered toward the beginning of the Spring and Summer semesters prior to graduation.
2. Notification of initial assessment (Pass/Revise/Rewrite) will be provided within 1 week of the first exam.
3. Students will have a 3-day period to prepare revisions.
4. Notification of revision outcomes (Pass/Rewrite) will be provided within 2 weeks of the first exam.
5. Rewrites will be scheduled no later than 3 weeks after the first exam.
6. Outcomes of Rewrites (Pass/Fail) will be provided within 3 days of the second exam.
7. Oral exams will be conducted within 2 weeks of the second exam.

H. Retention Requirements

All students enrolled in the School of Communication Sciences and Disorders are expected to attain high academic achievement and maintain professional and ethical conduct. In addition to Graduate School policy the criteria listed below will be used to determine the retention status of students enrolled in the School.

1. General Academic Performance:

- a. Grades of less than 2.00 in required courses are considered unacceptable and must be repeated in order to meet graduation requirements.
- b. A student may count two grades of 2.00 toward their degree. Students have the option of repeating two courses in which a grade of 2.00 or less was earned. The student will be dismissed at the end of the semester in which a third grade of 2.00 or less has been earned.
- c. Students are expected to maintain a cumulative grade point average of 3.00 at the end of each semester of enrollment at the University of Memphis. A GPA below 3.00 across two consecutive semesters may be grounds for dismissal. After one semester of suspension, continuation in the program may be granted only with recommendation from the academic unit, the Associate Dean of Graduate Studies, and the Dean of the Graduate School.

2. Professional Performance:

- a. Because the MA in Speech-Language Pathology is a professional practice degree, satisfactory acquisition of knowledge and skills for certification as prescribed by the American Speech-Language-Hearing Association is required ([Appendix I-C, I-G](#), and [I-H](#)). Failure to achieve any of these standards for clinical performance may result in dismissal from the program.
- b. The cumulative grade of the first two semesters of clinical practicum (7200/7208) must be a B- (2.67) or greater. A cumulative clinic grade for the last five semesters must be at least 3.00. Students must obtain a B (3.00) or better in each of their last 2 semesters.
- c. Students must be able to meet the requirements of the Essential Functions Policy (E-120).

## **II. DOCTOR OF AUDIOLOGY PROGRAM IN AUDIOLOGY**

### **Audiology (AuD): Program Goals**

1. Demonstrate the breadth and depth of foundational communication science, including biological, etiological, theoretical, acoustic, physiological, cognitive and psychological bases of hearing and balance.
2. Understand and demonstrate the theoretical motivation for and practical applications of clinical reasoning for the identification, assessment, and treatment of hearing and balance disorders.
3. Apply research analysis into evidence-based clinical decision-making and application.
4. Effectively communicate discipline-related knowledge in oral and written modalities with families, clients, and other professionals.
5. Understand and accommodate cultural or linguistic differences related to communication development or to perceptions and attitudes toward communication disorders, differences, or intervention.
6. Exhibit attributes and abilities characteristic of competent hearing healthcare professionals who provide the diagnostic, management, and treatment services associated with the practice of audiology including accountability, integrity, adaptability, leadership, and professionalism.

#### **A. Assumed Background**

1. To be considered for admission, all applicants must have completed or be in the process of completing a baccalaureate degree from an accredited institution of higher learning. Previous academic preparation in audiology/speech-language pathology is not a requirement for admission.
2. The AuD program assumes that students have basic coursework in the biological, physical, mathematical, and social/behavioral sciences, as shown below, by the time of graduation. In addition, students are required to have successfully completed at least a one-credit course in phonetic transcription and two courses in speech-language development/disorders in order to meet program graduate requirements. If this coursework was not completed at the undergraduate level prior to application, it is not required for admission and may be taken during the AuD program at the University of Memphis.

Biological Science (3)

Mathematical Science; Statistics preferred (3)

Physical Sciences (3)

Behavioral Sciences (6)

Phonetic Transcription (1)

Normal Speech-Language Development (3)

Speech-Language Disorders (3)

To be counted toward the requirement, a grade of C (2.0) or better in the basic science coursework is expected. A grade of B or better is required for Phonetic Transcription.

B. General Program Requirements

1. Students must complete a minimum of 99 credit hours and meet the academic and practicum requirements for certification in audiology. As noted above, additional course work will be required for those students without preparation in audiology/speech-language pathology.
2. A maximum of 24 credit hours in AUSP 8104 and a maximum of 6 credit hours in AUSP 8125 may be counted toward meeting the 99-credit hour graduation requirement.
3. Students must have at least a 3.0 average in clinic (AUSP 8104) at the end of their third year of study. Furthermore, a letter grade of 3.0 or better is required in clinic (AUSP 8104) for the two semesters prior to the clinical externship.
4. All students must complete a capstone research project for a minimum of 4 credit hours.
5. All students must successfully complete a benchmark examination.
6. All students must successfully complete a comprehensive examination containing both written and oral components.
7. All program requirements (i.e., benchmark exam, research project, oral and written comprehensive exams) must be completed prior to the clinical externship year.

C. Academic Advisor

The academic advisor is responsible for developing, with the student, a plan of study for their graduate program. The advising checklist shows all coursework (both undergraduate and graduate) that will be used to ensure completion of all academic requirements for the (1) School and (2) for national certification in the student's area of concentration. Specific degree requirements may be found in the Graduate Catalog.

Students meet with their advisor each semester to determine their course assignments for the next term in accordance with their academic plan. It is the ultimate responsibility of the student to ensure that all requirements are met.

#### **D. AuD Program Specialization Tracks: Pediatrics or Adults**

Audiology students at the University of Memphis have the opportunity to choose a Pediatric or Adult Audiology Specialization Track as they progress through the AuD program.

Students who pursue a particular track of specialization can gain additional knowledge and experience specific to these populations. Students declare if they plan to pursue a specialization track by the end of the first year of study and should use the Audiology Specialization Track Advising Form to guide their course selections and clinical and research experiences.

**Requirements:** Students must meet 4 of the 5 requirements listed below:

1. Two population-focused elective courses
2. At least one assigned clinical experience in the specialization area
3. At least two individual or collaborative assignments for any class aimed toward gaining expertise with the chosen population
4. An original research project relevant to the chosen population to be completed over four semesters
5. Completion of a fourth-year externship at a site that provides at least 60% experiences with the chosen population)

***Please note that this in-house designated specialization is not equivalent to a Clinical Specialty Certification awarded by a professional certifying body nor is it required to practice in any area within the Audiology scope of practice.***

#### **E. Specific AuD Program Requirements**

The academic program requirements are listed in the on-line [Graduate Catalog](#).

Additional program requirements are listed below.

##### **1. Capstone Project**

Each student enrolled in the AuD program will be required to complete a research project during the second and third year of study. The results of this project will be presented, by the student, in a scheduled colloquium before the faculty. There are two options for the Capstone: 1) the Capstone Research Program (CRP), and the Clinical Capstone Project (CCP). Students choosing the CRP enroll in 4 credits of AUSP 8121. Students choosing the CCP enroll in 1 credit of AUSP 8121 and take a 3-hour graduate course on Research Design and Methodology.

Any project that uses human subjects in either a prospective or a retrospective manner will require approval from the University of Memphis Institutional Review Board for Human Subjects.

##### **2. Clinical Practicum**

The University of Memphis provides a complete range of clinical experiences located in both onsite and offsite locations ([Appendix I-E](#)). Some clinical traineeships require students to be present during portions of semester breaks. Students must have at least a 3.0 average in clinic (AUSP 8104) at the end of their third year of study. Furthermore, a letter grade of 3.0 or better is required in clinic (AUSP 8104) for the two semesters prior to the clinical externship. Students must complete a minimum of 24 hours of 8104. Clinical competences expected by graduation can be found in [Appendix I-D](#).

## F. Benchmark Examination

### 1. Purpose of the Examination

The purpose of the benchmark examination is to provide a focal point for students to integrate the information they obtained in the first year of the program. It is designed as an oral examination to acquaint the student with this form of evaluation procedure which they will again experience in their third year of study during comprehensive examinations. Students are expected to know specifics regarding content in all areas studied and be able to relate the knowledge across courses taken during the first two semesters of the AuD program.

### 2. Administration of the Examination

The examination committee will consist of no less than three quarters of all academic and clinical faculty. The examination will be given after the first two semesters of study. Each member of the committee will be allowed to ask questions or request clarification of an answer on any information the student should have obtained during their first two semesters of study.

### 3. Grading of the Examination

To pass the benchmark examination, a simple majority of the attending Audiology faculty, using a rubric, must concur that the student has demonstrated a knowledge base commensurate with the educational level at the time of the test. The student must demonstrate the ability to integrate the knowledge obtained in different classes to form a comprehensive response to academic and clinical questions. If the student does not obtain a passing vote, a remediation program will be provided for the student and an Areas of Study Requiring Attention (ASRA) form will be completed for the student. The remediation program and successful completion of the examination must be completed prior to enrollment in the fifth semester. Failure of the student to pass the examination on the second attempt will be cause for dismissal from the program.

## G. Comprehensive Examination

### 1. Purpose of the Examination

Adequate performance in academic coursework is a prerequisite for graduation; however, it is also essential that students demonstrate an ability to retain, integrate, and apply the knowledge gained throughout the program. The comprehensive examination is an opportunity for faculty to evaluate students' abilities to integrate the academic and clinical information obtained during the program and to communicate their theoretical and applied knowledge at high levels of written and oral ability. To achieve these educational objectives, the exam is designed to assess complex understanding of skills and abilities beyond simple recollection and application of individual course content and includes both written and oral components.

**2. Administration of the Examination**

The AuD Comprehensive examination is composed of written and oral portions. The written comprehensive exam is taken at the end of the student's 5th semester. The oral exam is taken in the 8th semester. Both the written and oral examination must be successfully completed before entering the externship portion of the program. The written comprehensive examination is divided loosely into 3 general conceptual areas: (1) basic science (e.g., anatomy and physiology, psychoacoustics, and electrophysiology); (2) diagnostics (e.g., basic concepts of audiology, diagnostic and medical audiology, vestibular and pediatric assessment), and (3) management (e.g., audiologic habilitation and rehabilitation, hearing aids and other devices). Students write for approximately 3 hours in each of the 3 general areas. Each conceptual area will be covered on a separate day of the examination. The time allotments for each area are shared with students prior to the examination in ample time to modify study plans.

**3. Grading of the Written Comprehensive Examination**

Students must pass 100% of the topic areas on the written comprehensive examination (including any rewrites). The written comprehensive examination consists of two stages: (1) Written comps where the student answers questions on topic areas covered in courses taken to date as outlined above and (2) Rewrites where the student retakes portions of the exam in the topic areas that were not passed from the original written exam. The questions in the topic areas for rewrites may be different than the original questions.

The student must pass 50% of the original written exam to be eligible to take rewrites. If the student does not pass 50% of the original written exam, the audiology faculty will meet to determine if the student has sufficient knowledge to move on to rewrites. If the majority of the faculty feel the student has sufficient deficiencies in their knowledge, the student will not be eligible to take rewrites and must retake the entire written exam when it is offered.

Students who do not pass 100% of the written comprehensive examination (including rewrites) are not eligible to take the final oral exam and must retake the entire written comprehensive examination when it is offered. An ASRA form will be completed containing a remediation plan for any student who fails to successfully complete the examination. The entire examination may only be repeated once.

Failure to pass a second written examination will result in dismissal from the program.

Each question on the written examination will be scored as a Pass, Low Pass, or Fail using a rubric by the principal faculty member generating the question.

Scores of low pass indicate that the student has weaknesses that need additional study. The student should pay particular attention to these topic areas in preparation for the oral examination.

If a student has not successfully completed the written examination, he or she may still present their research project with their class. Once the written exam is retaken, the oral exam will be scheduled within 3 weeks of successful completion of the written re-examination.

## H. Final Oral Comprehensive Examination

### 1. Purpose of the Examination

The final oral comprehensive examination is an opportunity for students to integrate the academic and clinical information obtained during the program and discuss theoretical and applied information in a scholarly manner.

### 2. Administration of the Examination

The Final Oral Comprehensive Examination is taken in the third year (in semester 8) and serves as a culminating experience for the academic portion of the program. The exam is divided into three general topic areas: Diagnostics, Special Testing, and Management, with two or more faculty assessing competence in each area. Students may be asked questions covering any area related to audiology and audiologic practice. Students will also be asked specific questions pertaining to topic areas taken in the third year that were not covered during the written comprehensive examination.

The final oral exam is linked to the written exam that was taken at the end of the second year. Students are strongly encouraged, even if they passed the content area, to review the comments made on the written examination and clarify any misconceptions through additional readings and discussions with the professors in those areas.

### 3. Grading the Examination

To pass the final oral examination, students must pass each of the 3 topic areas. To pass a topic area, a simple majority of the attending faculty assessors must concur that the student is sufficiently knowledgeable of the field of audiology in that topic to begin the clinical externship year. **Performance will be assessed using a rubric.** Both the written and oral examinations must be completed successfully before entering the clinical externship year.

Students must pass 100% of the topic areas on the oral comprehensive examination (including any reattempts). **The student must pass at least one topic from the primary attempt to be eligible for a second attempt.** If the student does not pass at least one of the original written exam topics, the audiology faculty will meet to determine if the student has sufficient knowledge to move on for a reattempt or if there were extenuating circumstances. If the majority of the faculty feel the student has sufficient deficiencies in their knowledge, the student will not be eligible for a second attempt and must retake the entire oral exam when it is next offered.

If the faculty determine the student is eligible for a second attempt, an ASRA form will be completed containing a remediation plan for the student to follow. **At the end of the remediation period,** the student retakes any topic areas that were not passed from the original oral exam. The questions in the topic areas for the second attempt may be different than the original questions.

Students who do not pass 100% of the oral comprehensive examination (including a reattempt) are not eligible to enter their clinical externship year and must take the final oral exam when it is next offered. An ASRA form will be completed containing a remediation plan for any student who fails to successfully complete the examination. The entire examination may only be repeated once. Failure to pass a second oral examination will result in dismissal from the program.

## I. Retention Requirements

All students enrolled in the School of Communication Sciences and Disorders are expected to attain high academic achievement in all courses taken. In addition to Graduate School policy, the criteria listed below will be used to determine the retention status of students enrolled in the School.

1. Grades of less than 2.00 in a required course are considered unacceptable. These courses must be repeated with a minimum grade of 2.00 in order to meet graduation requirements.
2. A student may count two grades of 2.00 toward their degree. Students have the option of repeating two courses in which a grade of 2.00 or less was earned. The student will be dismissed at the end of the semester in which a third grade of 2.00 or less has been earned.
3. Students are expected to maintain a cumulative grade point average of 3.00 at the end of each semester of enrollment at the University of Memphis. A GPA below 3.00 across two consecutive semesters may be grounds for dismissal.
4. Students may be dismissed for any of the following:
  - Failure to maintain appropriate standards of academic integrity or CSD Policies.
  - Failure to follow the ASHA and AAA Codes of Ethics.
  - Failure to follow HIPAA guidelines.
  - Failure to meet the requirements of the Essential Functions Policy (E-120).
  - Failure to achieve competency as specified in CSD Policy Number E-117.
  - A grade of less than 2.00 in clinic practicum will mandate a review within the School and may be grounds for dismissal.
  - Failure to pass the qualifying examination.
  - Failure to pass the written and oral components of the comprehensive examination.

#### J. Externship in Audiology

All students will complete an externship during the fourth year of the program, which is consistent with current accreditation requirements. To be eligible for the externship the student must have completed all academic coursework, including the research project, and successfully passed the benchmark and comprehensive examinations. Externship placement is obtained in coordination with the Director of Clinical Services in Audiology. Successful completion of the externship must include the approval of the Director of Clinical Education in Audiology. The externship should provide a comprehensive training environment for students to expand and sharpen their clinical skills. Externships may be in either paid or unpaid positions.

### **III. PHD IN COMMUNICATION SCIENCES AND DISORDERS**

#### **A. Program Goals and Overview**

- 1. Description:** A description of the [PhD program](#) appears in the Graduate Catalog of The University of Memphis and can also be accessed via the School's website. The information contained in the Graduate Catalog will not be repeated here. In addition, features of the PhD Program that overlap with aspects of the MA and AuD programs are detailed in earlier sections of this Handbook.
- 2. Collaborative, nurturing intellectual environment:** The School supports and implements highly interactive PhD training, involving close mentorship and student collaboration with both faculty and other students. Collaboration fosters networking, research productivity, and diverse methodological training. Consistent with the School's [mission statement](#), the program places priority on PhD training for post-doctoral study and/or academic positions within the discipline with significant potential impact in the field of Communication Sciences and Disorders.
- 3. Flexibility and Individualization:** Aside from Core Requirements, there is no standard curriculum for students enrolled in the PhD program. Coursework is tailored for the individual student and is designed to maximize the student's training in their research area. General graduation requirements imposed by the University are described in the [Graduate Catalog](#).  
The PhD Program in Communication Sciences and Disorders has three concentrations: (i) Hearing Sciences and Disorders; (ii) Speech-Language Sciences and Disorders; (iii) Neuroscience. The PhD program descriptions are identical.
- 4. Role of the faculty mentor:** The program has as a primary objective to train the next generation of academicians in Communication Sciences and Disorders. Consequently, the PhD program places a primary emphasis on the interaction between each student and a primary faculty Mentor. Acceptance into the PhD program is predicated on finding a "fit" between the prospective PhD student and a current member of the tenure-track faculty. Students are only admitted when there is a faculty member willing to serve as primary Mentor. Since the expertise of the faculty does not encompass every area within Communication Sciences and Disorders, students whose primary areas of interest do not overlap with the expertise of a faculty member are counseled to apply elsewhere.

#### **B. Decision-making in the PhD Program**

- 1. Role of the Dean and faculty in governing the PhD program.** Activities of the PhD Program are the responsibility of the tenure-track faculty along with the Dean and the Associate Dean. Further, each student has a designated Mentor and by the second semester after enrollment, a Planning Committee (see Section F below). The Mentor, the Planning Committee, and ultimately the Dissertation Committee have the primary responsibility for the supervision of each PhD student's individual education.
- 2. Associate Dean of Graduate Studies.** The Associate Dean of Graduate Studies provides formal letters of offer of admission. He/she also serves as the day-to-day contact with the upper administration and Graduate School regarding admissions,

retention, and funding for graduate students.

3. **PhD Program Committee (PPC).** Coordination of most of the day-to-day functions of the PhD program are managed by the PPC (a standing committee in the School) and other members of the academic faculty. The primary purposes of the PPC include:
  - a) Corresponding with applicants to the program and maintenance of information about inquiries from potential applicants.
  - b) Coordinating active recruitment efforts.
  - c) Arranging review of applications for admission and decisions about funding for PhD students seeking program level funding or certain other competitive fellowships such as the Van Vleet Scholarship. Grant funding is decided by PIs.
  - d) Arranging Annual Evaluations of PhD Students.
  - e) Supplying the Associate Dean of Graduate Studies with follow-up information needed for evaluation letters to students and admission/funding letters.
  - f) Helping the Dean and Associate Dean of Graduate Studies to ensure the regular offering of appropriate Professional Preparation courses (each is 1-cr).
  - g) Arranging orientation for new PhD students for introduction to both faculty and current PhD students.
  - h) Assisting in coordinating the PhD student colloquium.
  - i) Assisting in arranging social activities for the PhD program.

### **C. Assumed Background at Admission**

There is no requirement in the program for a student to have a background in Communication Sciences and Disorders, only that the student have successfully completed an undergraduate degree. Backgrounds of our PhD students have included Communication Sciences and Disorders, Psychology, Cognitive Science, Linguistics, Engineering, Education, and Music. Students admitted to the program are required to have an academic Mentor who is a tenure-track research faculty member in the program and a Full member of the [Graduate Faculty](#) in order to chair the Dissertation Committee.

### **D. General Program Requirements**

Information about Core Course Requirements (AUSP 8008, 8021, 8010), Research Tools, Collateral Area, the Pre-Candidacy Research Project, and Additional Requirements including admission, retention, and dissertation requirements are described in the CSD [Graduate Catalog](#).

## **E. Full-time status**

1. Full-time status for the Fall/Spring is  $\geq 9$  credit hours with a maximum of 15 credit hours. A minimum of 1 hr is required in Summer with maximum of 12 credit hours.
2. University-funded GAs must register for at least 9 hrs. per semester (or 3 thesis/dissertation hours after passing the Comprehensive Exam) in both the Fall and Spring terms.
3. Graduate students must enroll in no fewer than 9 hrs. in the Fall and Spring and 1 hr. in the summer term.
4. Requests for credit-hour overloads must be approved by the Associate Dean of Graduate Studies.

## **F. Other features of the PhD program**

**Planning Committee:** A key factor for each PhD student is the Planning Committee, a description of which can be found at the sites for the [concentration in Speech-Language Sciences and Disorders](#), [concentration in Hearing Sciences and Disorders](#), or [concentration in Neuroscience](#). The Planning Committee, in consultation with the PhD student, evaluates the student's academic needs and assists in the planning of the student's academic program. This plan, tailored to the student's needs, becomes an individualized program that is designed for that particular student. The academic plan is filed in the student's electronic file on the J drive within the first year (3 semesters) of the program. The plan is maintained and updated as necessary if changes are made after first filing. Changes must be approved by the Planning Committee.

**Comprehensive Examination:** This committee should be formed by the student and Mentor within the last year of coursework, with membership expertise that covers the main elements of the Plan of Study. Committee membership must include at least 3 CSD faculty and one faculty from an outside academic unit. It is typical for comps coverage to include expertise in area of concentration, foundations from which the student would be teaching, research tools and collateral areas, and sometimes also consideration of dissertation goals. The comprehensive planning committee should meet at least one semester before the examinations begin to review the student's comps plan and coverage (e.g., examiners' topic areas and hours per topic), scope and cohesion of projects, and the deliverables for each written and oral component. The plan is ratified by filing the Comprehensive Examination Planning form.

The purpose of comprehensives is to determine mastery and broad understanding of the theoretical and empirical issues in contemporary speech-hearing sciences. A detailed description of the exam is found in the [Graduate Catalog](#). The examination entails 24 hours of evaluation, 15 of which may be in the form of hands-on projects and research tools (e.g., laboratory experiment, data analysis, scholarly paper(s), grant proposal, course development). Each project (typically 3-6 hrs) must be approved by the overseeing faculty committee member. It is imperative the student and faculty formulate a plan and what constitutes an acceptable "turn-in item" for the project (e.g., extent of data analysis, review paper, presentation at orals, manuscript submission, grant submission) at the planning meeting. Comps projects with sufficient scope will at minimum require a full semester (or more) to complete. Each project/practical component must be concluded during the last semester of coursework to be counted toward the Comprehensive Examination. The exam should be scheduled with project completion in mind; only in rare

cases should projects extend beyond the exam date.

To allow for a clean break to candidacy and the initiation of dissertation credit hours, the comprehensive exam should be concluded during the last semester of completing academic requirements. The oral exam must occur within 3 weeks following the written exams. This means that typically, students should plan to take their comprehensive exams (written+orals) within the last month of final term listed on their Plan of Study.

**Prospectus:** The dissertation should comprise original research as proposed in the prospectus and approved by the Dissertation Committee. The prospectus should be submitted shortly after the comprehensive exams and be approved prior to initiating the dissertation work. The prospectus is typically defended ~1 year before the final dissertation defense. The document format must include a thorough literature review of the theoretical and empirical work related to the research topic, details of the methods, analysis plan and statistics to be used, and hypothesis/predicted outcomes. The prospectus is one of the few times faculty can offer constructive feedback on the student's dissertation plan. As such, it will generally be treated as a significant milestone in the tenure of the PhD program.

**Dissertation:** The Dissertation Committee consists of a minimum of 4 faculty members selected by the student in consultation with the dissertation chair (usually the student's Faculty Mentor). At least 2 of the members must be from the School and at least 1 member must be from a department outside the School of Communication Sciences and Disorders. The chairperson of the dissertation committee must be from the School and must be a full member of the graduate faculty. Details of the dissertation process, dissertation document guidelines, and dissertation submission are found in the [Graduate Catalog](#) and the [Thesis/Dissertation Preparation Guide](#).

Deviations in experimental design, scope, methodological techniques, etc., from the prospectus plan should be approved by the Dissertation Chair in consultation with committee membership.

To allow ample time for faculty review, students should submit their dissertation document to their committee no later than 2 weeks before the oral defense. Faculty requesting revisions should return edits to the student within 1 week following the defense to allow adequate time for revision. Significant alterations (e.g., running new experiments, collecting additional data) may be unrealistic in the timeframe before dissertation submission. Therefore, faculty must be reasonable in requesting substantial modifications that fall outside the scope of work as initially approved at the time of the prospectus.

*Thesis announcement.* Students defending their dissertation should complete the form through the Graduate School's website **at least 3 weeks** prior to the dissertation defense.

[https://memphis.co1.qualtrics.com/jfe/form/SV\\_6A3iFZELrGYXohf](https://memphis.co1.qualtrics.com/jfe/form/SV_6A3iFZELrGYXohf)

**Collateral Area:** A minimum of 9 hrs in coursework outside the School must be taken toward completing the PhD. This Collateral Area is tailored to each student's unique interests. Students satisfy this requirement with a sequence of courses at the University of Memphis or other local institutions (e.g., UTHSC Neurosciences courses). Other students fulfill their Collateral via a [Graduate Certification in Cognitive Science](#). The collateral area requirement can be waived for a student entering with a Master's degree in a field related to Audiology or Speech-Language Pathology or if the student's outside coursework is considered sufficient by the Planning Committee.

**Research Assignments:** Students are given a 20 hour/week research assignment each semester. By working in the research environment with the Mentor and other members of the doctoral faculty, the mentoring relation between PhD students and faculty is further enhanced.

The philosophy of the doctoral faculty is that the education of the PhD student takes place as much in the research laboratory as it does in the classroom. The interaction between the PhD student, the doctoral faculty, and fellow students is critical to the development of the future researcher.

**Annual Evaluation:** For each student enrolled in the PhD program for at least two semesters, an Annual Evaluation is undertaken in the Spring of each year (usually in May) that involves all members of the tenure-track faculty. This evaluation addresses the desired outcomes for each student consistent with the graduation requirements and with the planning document on file with approval of the Planning Committee. Prior to the Annual Evaluation meeting, each PhD student is instructed to review their plan of study to ensure that it is up to date. Completion of each required step of the PhD program is documented with a form, which is signed by the appropriate committee members. Students are responsible for transmitting the forms to the Dean's Administrative Associate as milestones are completed. Students can access their [individual student folder on J-drive](#).

**PhD Database:** In preparation for the Annual Evaluation, students should log their previous year's research accomplishments in the SIS [PhD Database](#). The database is meant to capture the scholarly work products students complete during their PhD program and is used by the faculty and Dean's for annual reporting on the PhD program. Scholarly activities (e.g., publications, presentations, grants) should be listed based on work completed at the University of Memphis (only). Additionally, PhD students should complete a *Planning Narrative* for the coming year. The narrative should not be a summary of the past year's accomplishments but is meant to describe planned research activities for the coming academic year.

The Annual Evaluation takes account of each student's progress in the PhD program, with the student's primary mentor leading the discussion of that student's progress. At the conclusion of the Annual Evaluation, a letter is sent to each student which summarizes the outcome of the review and is signed by the student's Mentor and the Associate Dean of Graduate Studies.

**The PhD Student Colloquium:** In the fall and spring semesters a PhD student organizes a "brown bag" colloquium series, attended by School faculty, students, and outside departments. Speaker preference is given to current PhD students, who use the colloquium as a medium to present their Pre-candidacy Research Projects. Faculty of other programs and outside speakers provide the remainder of the talks each semester.

The PhD Student Colloquium meets Fridays at 12pm.

### **Teaching opportunities (examples):**

- a) *AUSP 8400- Teaching Experience* is a course that provides mentored teaching experience for PhD students in giving lectures, preparing tests, grading, and/or student advising. Students are supervised by the faculty instructor. This course may be taken for variable credit (min 1 cr. required). However, the objectives of the teaching experience should minimally include hands-on practice with (1) teaching/lecturing in front of a class, (2) grading/assessment, and (3) interacting with students (e.g., office hours, fielding questions).
- b) PhD students may be able, with appropriate prior experience and approval of the Planning Committee, Dean, and Graduate School, to teach as instructors of record in the School's undergraduate courses, under the supervision of a faculty member. Current undergraduate offerings include: *AUSP 4106: Introduction to Audiology*; *AUSP 4300: Autism: Socialization & Communication*; and *AUSP 4010: Introduction to Functional Neuroscience*.

**Professional Prep Courses:** As part of the Core Requirements, PhD students must take a minimum of 3 credit hours of *AUSP 8021 – Professional Preparation for Scientists*. The goal of these courses are to help prepare PhD students for their eventual role in science and academia. These courses are offered semi-regularly by rotating faculty based on the interests and professional needs of the PhD student cohort. Past seminar themes have included grant writing, scientific publishing and peer review, understanding tenure & promotion, responsible conduct in research, and teaching.

**Required Forms:** A series of forms must be logged over the course of a PhD student's tenure after completion of each major program requirement (e.g., Pre-candidacy Project, Oral Exams, Comprehensive Examination Plan). These forms are submitted to the Dean's Administrative Associate and retrained in the student's file ([located here](#)). Each year, the Ph.D. Policies Committee conducts an Annual Evaluation of each PhD student, and it is the student's responsibility to be sure that the necessary information is included in their file.

PhD students are also required to file a separate SACs Outcomes Tracking form (see forms folder) for each program milestone (i.e., pre-candidacy project, comps exams, prospectus, dissertation defense). Speak to your mentor if they (and the corresponding committee) have not completed this rating form for a given milestone.

**Financial Assistance:** see VII. FINANCIAL ASSISTANCE

#### **IV. ACADEMIC POLICIES AND PROCEDURES**

Every graduate student is expected to be thoroughly familiar with the requirements of the Graduate School, the University of Memphis, as described in the most recent Graduate Catalog. The requirements of the School of Communication Sciences and Disorders parallel, but may exceed, those of the Graduate School.

##### **A. Course Loads**

Full-time students are limited to 15 academic hours each semester by University policy. Those who register for 9 or more hours may be considered as full-time students. Students in late stage dissertation may enroll in as little as 1 hour and be considered full time. Taking fewer than 5 credits hours may affect financial aid, and students may be subject to FICA taxes.

##### **B. Attendance**

The instructor sets the specific attendance requirements per course. Regular attendance is assumed and expected.

In the event that an individual faculty member cannot be present at a scheduled class period due to travel or attendance at professional meetings, he/she shall arrange make-up classes or activities commensurate with the length of his/her absence.

Clinic Attendance: Attendance is mandatory for all scheduled diagnostic and therapy sessions. If the student is ill, he/she should notify the clinical faculty member in charge. A student may request to miss clinic in certain cases. Approval is required by the clinical faculty member and/or clinic director. The student may be required to find a replacement clinician.

Please refer to appropriate policies regarding clinical experiences (Clinical Practicum in Audiology E-A-102, Clinical Practicum in Speech-Language Pathology E-SLP-102, Student Responsibilities in Diagnostics and Therapy C-207).

##### **C. Review of Research Projects**

As indicated by federal guidelines and University policy, all research involving human subjects must have prior approval by the Institutional Review Board (IRB). This approval is necessary for all research including theses, funded grants, and training grants. The appropriate application form, including permission forms, must be completed for each project and filed with the IRB.

##### **D. Incomplete Grades (I)**

The grade of incomplete (I) indicates that the student has not completed the course requirements for some reason. The student must complete the

requirements of the course within 90 days from the end of the semester in which it was received. Otherwise, the (I) will change to an (F).

E. In Progress Grades (IP)

1. Independent Projects and Readings

An (IP) grade can be assigned to extend the time permitted for the completion of research or course requirements. A student awarded an (IP) grade must re-enroll the following semester in the course for the same number of hours in order to receive the appropriate grade.

Students must enroll in the required number of credits of such courses and receive a letter grade in the final semester of enrollment in that course. Once an IP is cleared with a subsequent registration receiving a grade, all registered credits (including previous IPs) are recognized on transcripts and count towards fulfillment of program requirements.

2. Thesis and Dissertation

Students must continuously re-enroll in thesis or dissertation courses, but the hours may vary. Students should be assigned an IP grade for all semesters of thesis or dissertation credit until the final semester which is assigned "S" or "U."

F. Probation and Dismissal

a. Basis for Probation

1. A graduate student whose cumulative grade point average drops below 3.00 will be placed on academic probation. A second consecutive semester on probation generally results in suspension or dismissal.
2. Continuation in the program beyond two consecutive semesters on probation is unlikely and can only occur under special circumstances. Continuation must be recommended by the School of CSD and the Dean of Graduate School.

b. Basis for Dismissal

A student may be dismissed from the graduate programs in the School for any of the following reasons:

1. Failure to meet and maintain the minimum academic grade point requirements, namely GPA of 3.0 and no more than 2 grades of 2.0 or less during the student's program.
2. Failure to meet the requirements of the Essential Functions Policy (E-120).
3. Failure to achieve competencies as specified in CSD Areas of Study Requiring Attention Policy E-117.

4. Failure to pass the qualifying exam.
5. Second failure of the comprehensive examination associated with the degree being sought.
6. Failure to maintain appropriate standards of academic integrity or CSD Policies.
7. Failure to follow the ASHA and AAA Codes of Ethics.
8. Failure to follow HIPAA guidelines.
9. If a student is not making satisfactory progress toward degree completion (e.g., negative annual reviews, continued ASRAs, etc.), the student will be dismissed from the degree program.

G. Termination/Dismissal Procedures

- a. Graduate students may be terminated (i.e., dismissed from the program) for not meeting any of the retention requirements listed in F
- b. Graduate School procedures should be followed for notifying students of termination:
  1. The student's Advisor consults the Program Committee Chair (AUD, SLP, PhD).
  2. The Program Committee Chair brings the concern to the Program Committee.
  3. The Program Committee reviews the recommendation. If approved, the Advisor and/or Program Committee Chair submit the termination form for review to the Associate Dean for Graduate Studies for the School. The Associate Dean will consult all relevant parties.
  4. The Advisor and the Associate Dean for Graduate Studies inform the student of the intended recommendation to terminate.
  5. If approved, the Associate Dean for Graduate Studies signs and submits termination form to the Graduate School. If not approved, the Associate Dean of Graduate Studies writes a formal letter to all parties involved indicating the reasons for reinstatement.
- c. The Dean of the Graduate School reviews the recommended request for termination. If the request is approved, the Dean of the Graduate School sends a letter of termination to the student and copies all parties.

## H. Appeal Procedures

### 1. Grade Appeals

If a student believes the assignment of a course grade was based on prejudice, discrimination, arbitrary or capricious action, or some other reason not related to academic performance, the [Grade Appeals](#) procedures outlined in the Graduate Catalog should be followed. There are four steps that are time limited.

### 2. Retention Appeals

A student may appeal termination in the program by following the [Retention Appeals](#) process outlined in the Graduate Catalog under Graduate School's Retention Appeal Process . There are four steps that are time limited. Due to the structure of the School of Communication Sciences and Disorders, there is no Step 2 as mentioned in the Graduate School guidelines.

The following review procedures of student concerns should be followed. The review procedures will be initiated only at the specific request of the graduate student who is facing disciplinary action, dismissal, or termination of the academic and/or clinical program, and who alleges that unfairness, bias, lack of clarity of policies or procedural irregularities were involved in the decision.

The procedures to be followed are:

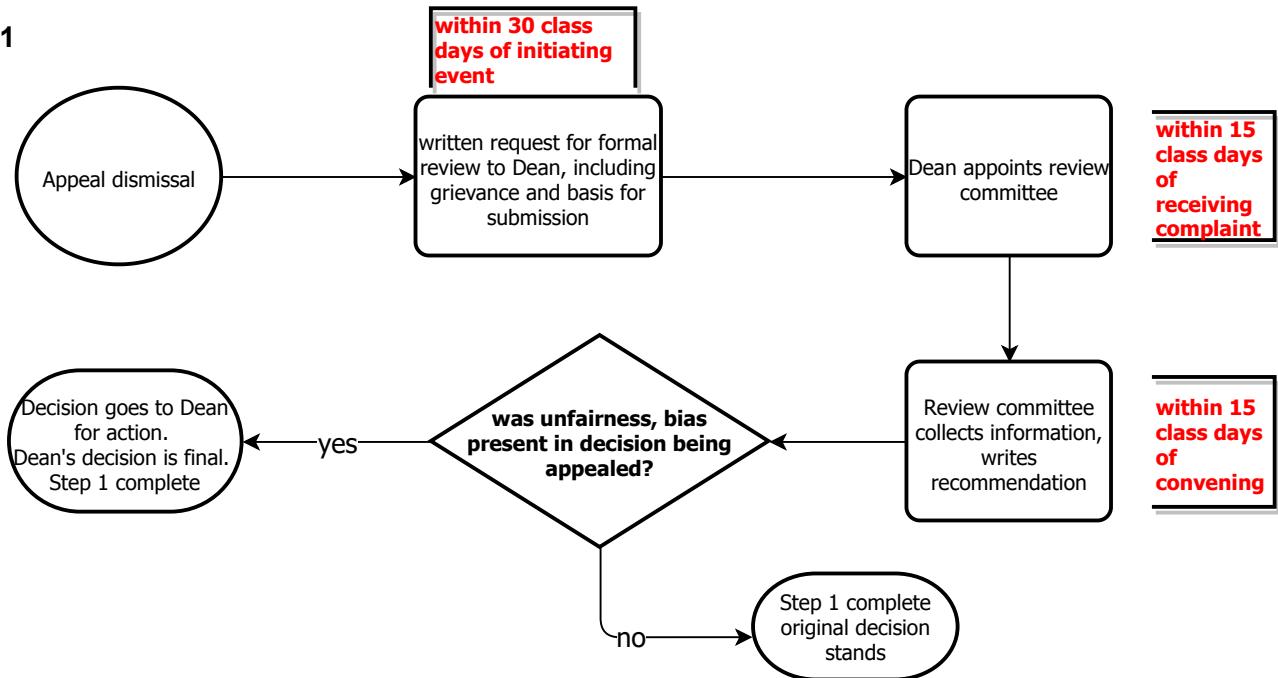
- a. Within 30 class days after notification of termination or disciplinary action, the student must discuss his/her concern(s) with the Associate Dean of Graduate Studies in an attempt to resolve such concerns informally prior to formal initiation of the review process.
- b. If the student's concern(s) cannot be resolved through the discussion referred to in (a) above, a written request for a formal review, initiated by the student, should include a detailed outline of his/her concern(s) and the basis for its submission to the Dean.
- c. Within 15 days of receiving the written complaint, the Dean will appoint a committee composed of 3 members of the Graduate Faculty in the School of Communication Sciences and Disorders who are not directly involved in the concern, and no more than 2 graduate students (at the Dean's discretion), and shall designate a chair of the committee. The chair shall convene the committee as soon as possible. Normally, it is expected that the committee will complete the review process within 2 weeks of its formal initiation.
- d. The Review Committee shall obtain all information or consultation it deems necessary to complete the review. The student shall have the opportunity to discuss his/her concerns directly with the committee and provide them with any additional

supporting material relevant to the review. The "burden of proof" for establishing unfairness, bias, procedural irregularities, etc., shall be with the student requesting the review.

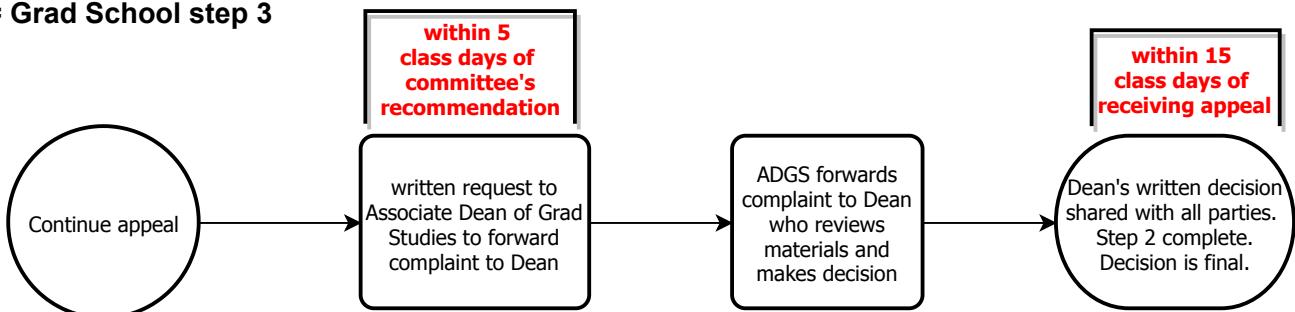
- e. The Review Committee, by a majority vote, shall reach a decision and inform the student, the faculty member(s) involved, the student's advisor, and the Dean of the decision in writing.
- f. Two decisions are possible:
  1. If the existence of alleged unfairness, bias, etc., has been established, the committee shall recommend procedures for remedying the situation to the Dean. Action on such recommendations is the responsibility of the Dean. The decision of the Dean concerning procedures for remedying the situation are final, subject only to possible appeal to the Dean of the Graduate School.
  2. If the existence of alleged unfairness, bias, etc., has not been established, the original decision shall stand.

The student then has the option to continue with the Graduate School's appeal process beginning with Step 3.

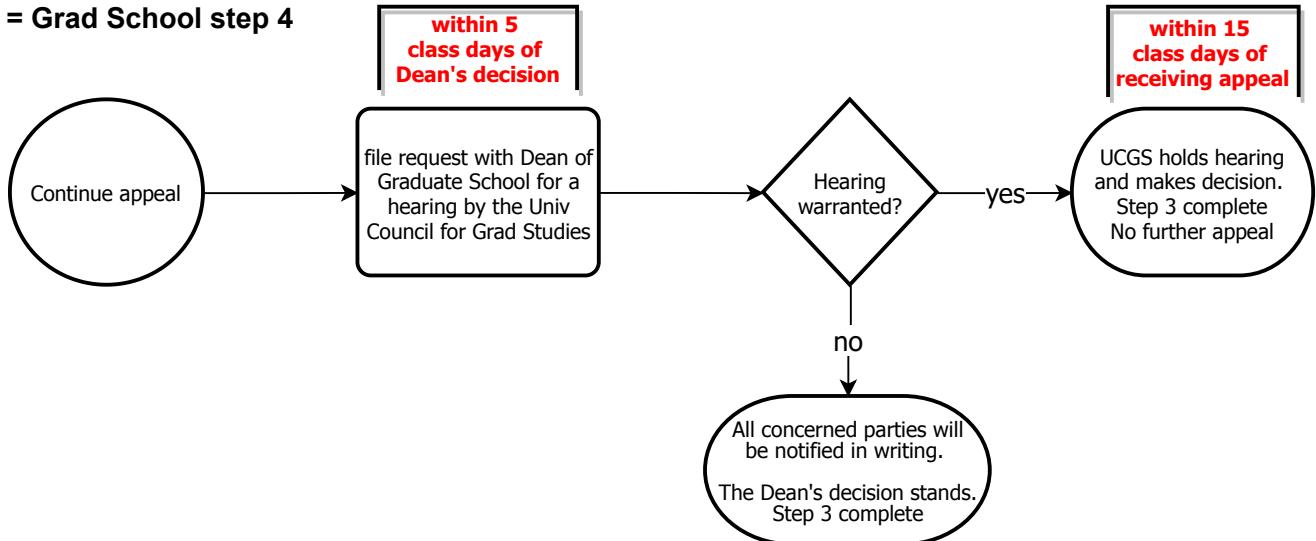
## STEP 1



## STEP 2 = Grad School step 3



## STEP 3 = Grad School step 4



## I. Student Complaint Procedure

The School of Communication Sciences and Disorders at the University of Memphis is subject to accreditation by the American Speech, Language, Hearing Association, Council on Academic Accreditation (CAA). All accredited programs must have a process for students to file complaints. Under CAA standard 4.5, "Students are informed about the processes that are available to them for filing a complaint against the program. The program must maintain, as relevant, a record of internal and external complaints, charges and litigation alleging violations of policies and procedures and ensure that appropriate action has been taken."

If your complaint pertains to harassment or discrimination, please consult with the Office for Institutional Equity regarding any of the following areas of concern: 1) Equal Opportunity is the right of all persons to enter, study and advance in academic programs on the basis of merit, ability, and potential without regard to race, color, national origin, sex, sexual orientation, genetic information, disability or status as a veteran. 2) The University of Memphis is committed to providing an environment that is free from discrimination on the basis of sex to our campus community, in compliance with Title IX of the Education Amendments of 1972 and the Violence Against Women Reauthorization Act of 2013. 3) The University of Memphis is committed to ensuring that each member of the campus community works or studies in an inclusive and respectful environment, in compliance with Titles VI & VII of the Civil Rights Act of 1964.

If you have any questions about the complaint process or require assistance with completing any of our complaint forms, please contact the Office for Institutional Equity (OIE) at 901.678.2713, Monday through Friday from 8:00 A.M. to 4:30 P.M. or email them at [oie@memphis.edu](mailto:oie@memphis.edu).

Another University-wide resource providing guidelines for student behaviors is the Office of Student Accountability, which maintains a [Code of Student Rights & Responsibilities](#).

The School provides several routes for complaints related to its programs, policies, or the conduct of any members of the School community.

### Anonymous Complaints or Comments

Written complaints may be submitted in writing and deposited in the folder on the wall in the first-floor mail room/clinic supply room. These will be taken to the Dean and addressed as deemed necessary. If the concern is serious to the wellbeing of others, it is recommended that a formal written complaint be filed.

### Verbal Complaints, Grievances, or Comments

Individual Concerns: All students are encouraged to discuss concerns directly with their advisor, instructor, or clinic supervisor in confidence. If this is not possible or

for some reason it is inappropriate, the concern may be brought in confidence to the Associate Dean of Graduate Studies. These personnel may advise the student regarding remediation of the concern or help direct their matter to the appropriate resources.

**Group Concerns:** The Dean and/or the Associate Dean meet regularly with students, which also provides a forum to voice general concerns about the program or the environment.

These individual or group consultations may indicate the need for more formal processing of the concerns in writing, but students can submit complaints or grievances in writing at any time.

### **Written Complaints and Grievances**

- 1. Submitting a Complaint**
  - a. The complaint must describe in detail the behavior, program, or process complained of, and demonstrate how it implicates the CSD program and the school's compliance with a particular CAA Standard.
  - b. The complaint must provide the name of the student submitting the complaint, the student's University of Memphis email address, an address where the student receives U.S. mail, and a phone number where the student can be reached.
  - c. The complaint can be delivered by hand to the Dean, or the Dean's Designee, or mailed to the Dean of the School.

Dean Linda Jarmulowicz  
4055 North Park Loop, Suite 3017  
Memphis, TN 38152

- 2. Procedures for Addressing a Complaint or Grievance**
  - a. Once a complaint is received, the Dean will determine if it is a matter for a Program Committee to address. Within 5 working days of receiving the complaint, the Dean will acknowledge receipt of the complaint and share his or her determination of how it will be reviewed.
  - b. If the complaint is sent to a Program Committee (SLP, AuD, or PhD), it will be reviewed by the committee within 10 working days of receipt.
    - i. A member of the reviewing Program Committee must either meet with the student to discuss the resolution of the complaint or mail a written response to the substance of the complaint or grievance within 30 days of receiving the original complaint.
    - ii. The written resolution must either state a decision regarding the substance of the complaint or grievance with an explanation for that decision or explain steps that will be taken to resolve or further investigate the complaint.

- iii. Absent exceptional circumstances, the Program Committee shall endeavor to fully investigate and resolve all complaints within 60 working days from the date of the complaint.
- c. If the complaint or grievance is not a matter for Program Committee review, the Dean will independently investigate.
  - i. The Dean will either meet with the student to discuss resolution or provide a written response to the substance of the complaint or grievance within 30 days of receiving the original complaint.
  - ii. The written response will either state a decision and explanation of the decision or explain further steps required to investigate the complaint or grievance.
  - iii. All complaints and grievances handled by the Dean will be completed within 60 days of the initial complaint.
  - iv. The Dean's decision is final.

### 3. Procedures for Appealing a Resolution

- a. A student may appeal the Program Committee's resolution to the Dean.
- b. The student must hand deliver the appeal to the Dean or Dean's designee in writing within 10 working days of the date of resolution.
- c. The appeal must describe in detail the grounds for appeal. The appeal may not include complaints or grievances not covered in the original complaint or grievance.
- d. The Dean shall respond to the appeal in writing to the mailing address provided in the complaint within 30 business days from the date the appeal was submitted.
- e. The Dean's decision is final.

### 4. Maintenance of Records of Student Complaints

The Dean shall maintain a record of the student complaints, grievances, resolutions, and appeals for a period of eight years.

## **V. UNIVERSITY OF MEMPHIS REGULATIONS FOR GRADUATE PROGRAMS**

Specific University of Memphis regulations pertaining to all graduate programs may be found in the Graduate Bulletin at: <https://catalog.memphis.edu/index.php> Please note the links that provide specific guidance to:

- A. Academic Regulations:

<https://catalog.memphis.edu/content.php?catoid=27&navoid=1564>

- B. Appeals Procedures:

<https://catalog.memphis.edu/content.php?catoid=15&navoid=638#appeals-procedures>

- C. Degree Programs

<https://catalog.memphis.edu/content.php?catoid=27&navoid=1561>

- D. Courses

<https://catalog.memphis.edu/content.php?catoid=27&navoid=1562>

- E. Students with Disabilities: Reporting a disability is at the discretion of the student. It is important to understand that accommodations cannot be made retroactively, so please consult your instructor and the University of Memphis Disability Resources for Students office if you have questions. <http://www.memphis.edu/drs>

- F. The University of Memphis Code of Student Rights and Responsibilities:

<https://www.memphis.edu/osa/students/code-of-rights.php>

- G. Academic Misconduct as defined by the University of Memphis:

<https://www.memphis.edu/osa/students/academic-misconduct.php>

**VI. COUNCIL ON ACADEMIC ACCREDITATION: AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY**

The School of Communication Sciences and Disorders is accredited by the Council on Academic Accreditation (CAA) of the American Speech-Language-Hearing Association. Students are encouraged to understand the accreditation process. Questions or concerns regarding the CAA standards can be directed to the academic advisor, the Directors of Clinical Education, the Associate Dean of Graduate Studies, or the Dean.

Further information can be found at:

<https://caa.asha.org/siteassets/files/accreditation-handbook.pdf>

Procedures for complaints against the education program or the Council on Academic Accreditation are located at:

<https://caa.asha.org/programs/complaints/>

## **VII. FINANCIAL ASSISTANCE**

The Associate Dean of Graduate Studies notifies students when funding is available for assistantships. These awards are based on a combination of factors to include current GPA, clinical experience, previous funding, and financial need. Students on academic probation are not eligible for assistantships.

### **A. School Assistantship**

For students in the professional programs (MA and AuD), graduate assistantships (GAs) can include partial tuition remission, a monthly stipend, or both, and some assistantships provide additional funding to compensate for out-of-state tuition differentials. For PhD students, typically the GA will cover most of tuition and a monthly stipend. Students on assistantships work a specified number of hours for the School and are eligible for work study funds if they qualify for them.

There are various sources for GA funding.

- School: A limited number of graduate assistantships are available to students based on academic credentials and faculty recommendations. All students are automatically considered for this funding; there is no need to apply for it separately.
- Grants: Some graduate assistantships are funded through research grants that offer funding opportunities and the chance to work in a research laboratory.

### **B. Funding for PhD Students**

PhDs students in good standing are eligible for Graduate Assistantships (GAs) through the School. GA positions are awarded on the basis of merit. Entering PhD students are automatically considered for funding. The School aims to fully fund PhD students (tuition+ stipend) for at least 3 years, contingent upon annual review and timely progress. GAs require 10-20 hours of research activity per week. GAs who work at least 10 hours per week are classified as in-state students. GAs are expected to carry a 9-hr load every fall and spring semester (or 3 hours when enrolled only in thesis or dissertation hours). GAs are typically funded via School funds and external grants of individual faculty. Some university-wide fellowships are also available through competitive application (e.g., Van Vleet Fellowship).

### **C. Scholarships and Awards**

There are a variety of scholarships and awards available through the School and the University. For more information, please visit our [Financial Resources](#) page and the University's [Scholarships](#) page.

## **VIII. STUDENT ORGANIZATIONS**

### **A. National Student Speech-Language-Hearing Association (NSSLHA)**

National membership provides benefits that help students stay current on advancements in the field, enhance their academic knowledge, find internships and employment, network with other students with similar interests, and save money on products and services. Two consecutive years of NSSLHA membership will reduce the initial certification costs when joining ASHA. All students are encouraged to join the National NSSLHA organization <http://www.nsslha.org/join/>.

### **B. University of Memphis NSSLHA Chapter**

All students who are enrolled in the School are automatically members of the local NSSLHA chapter. There are no local dues. The U of M chapter is an extremely busy and well respected chapter nationally. The Chapter received special recognition from the Tennessee Association of Audiologists and Speech-Language Pathologists in 1991, a Certificate of Appreciation and Recognition in 1995 from the American Speech- Language-Hearing Association, and NSSLHA Chapter Honors in 1998 and 2015 from the National Student Speech-Language-Hearing Association. This chapter sponsors many worthwhile projects:

#### **1. The Annual Mid-South Conference on Communicative Disorders**

The highlight of each year's activities is the Annual Mid-South Conference on Communicative Disorders, held in the spring. The two-day conference is designed to provide audiologists and speech language pathologists information regarding current research and new concepts and techniques that can be applied to their clinical practice. Organized in 1970, the Mid-South Conference features a variety of nationally recognized guest speakers in the field of communication disorders who offer workshops and short courses. It draws over 750 audiologists, speech language pathologists, educators, and professionals from allied fields from the U.S. and Canada. The conference is the major activity organized and conducted by the graduate students of The University of Memphis chapter of NSSLHA.

#### **2. Other NSSLHA Activities**

In addition to the Conference, NSSLHA assists students with travel expenses to professional conventions and conferences. In addition, short workshops and teleconferences of special interest, guest speakers from the community to speak at NSSLHA meetings, and walk/run teams to benefit the Buddy Walk, Race for the Cure, and Alzheimer's. Each year the proceeds from the Silent Auction at the Mid- South Conference are donated to a charity of choice which has included Hope House of Memphis, Operation Smile, and the Stuttering Foundation.

C. Student Academy of Audiology (SAA)

The Student Academy of Audiology (SAA) is the national student division of the American Academy of Audiology (AAA) that serves as a collective voice for students and advances the rights, interests, and welfare of students pursuing careers in audiology. The SAA introduces students to lifelong involvement in activities that promote and advance the profession of audiology and that provide services, information, education, representation and advocacy for the profession and for consumers of audiology services. The national SAA has over 1,500 members, consisting of students enrolled in AuD, PhD, or other accredited audiology doctoral programs for a first professional degree in audiology.

D. University of Memphis Student Academy of Audiology (SAA) Chapter:

All Doctor of Audiology (AuD) students who are enrolled in the School and who have paid local and national SAA dues are members of the local SAA chapter. National membership provides benefits that help students stay current on advancements in the field, enhance their academic knowledge, find internships and employment, network with other students with similar interests, and save money on products and services. Students pay only national dues; there are no local dues. The U of M chapter was established in 2012 and hopes to provide current and future audiology students with opportunities for advanced learning and professional development in the field of audiology through the use of journal club, community outreach projects, and collaboration with the U of M NSSLHA chapter.

E. Tennessee Association of Audiologists and Speech-Language Pathologists (TAASLP)

Students are encouraged to become (student) members of TAASLP. This organization meets once each year for a three-day meeting which features outstanding speakers. Additional information about this organization may be obtained from the TAASLP website.



**School of Communication  
Sciences & Disorders  
The University of Memphis**

**Academic and Clinical Education**

Policy Number	<b>E-A-102</b>
Effective Date	September, 2017
Supersedes Date	October, 2013
Review Date	May 2024
Approval	

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**SUBJECT:** **Clinical Practicum in Audiology**

**POLICY:** All AuD Audiology students involved in clinical practicum will enroll in the course AUSP 8104, *Clinical Experience in Audiology*, during each semester of full-time graduate study. A grade of less than 2.0 in clinic practicum will mandate a review within the School and may be grounds for dismissal. Students must obtain a "B" (3.0) or better in their last two semesters prior to their externship. A maximum of 24 semester credit hours of AUSP 8104 may be counted toward the degree requirements.

**PROCEDURE:**

**I. Description of AUSP 8104**

This course includes a class scheduled for 1-3 hours per week and a supervised clinical practicum in audiology. The content of the class varies by semester. Attendance and participation in this class is required of all students enrolled. Grades in this course will be computed on the basis of class participation and assignments, practicum performance and professionalism. Students will have the responsibility for biological calibration of audiological equipment, hearing aid drop-off box, and a minimum of two clinical appointments per week every semester during which they are enrolled in 8104. Third year AuD students may have different requirements for 8104.

**II. Clinical Experiences - On and Off Site**

**A. On Site Clinical Experiences**

1. Students will be initially placed in on-site clinical experiences supervised by University of Memphis clinical faculty. Basic clinical concepts and procedures will be stressed.

**B. Off-Site Clinical Experience**

1. New off-site clinical training facilities will be evaluated based on the following.

- a. Clinical credentials of offsite clinical educators.
  - b. Clinical experience of offsite clinical educators.
  - c. Local, regional, and national reputation of offsite clinical educators.
  - d. Demonstrated history of clinical case load at the facility.
  - e. Evaluation of clinical facilities for currency of practice.
  - f. Ancillary experience available to the student.
2. Continuing evaluations of the facility will be through Typhon evaluations of caseloads, supervisory hours, and student evaluations.

### **III. Clinical Assignments**

#### **A. Clinical Practicum**

1. Students will be assigned 6-12 hours of patient contact per week for AUSP 8104 unless the student needs or requests additional hours to complete requirements. Students holding assistantships may be assigned additional clinical responsibilities.
2. Students begin their clinical practicum by observing in the clinic. A minimum of 10 hours of observation must be met and a goal of 25 hours is suggested. After these observation hours have been completed, the student will be assigned to participate in some aspect of patient contact at the discretion of the Director of Clinical Education in Audiology.

#### **B. Progression of Assignments**

1. Each semester the clinic director meets with the student to discuss his/her past clinical placements and plan for the future assignments. The goal is that all students have exposure to multiple types of settings; experience across the scope of practice; with a wide range of diverse ethnic and cultural backgrounds; and across the life span.
2. Clinical assignments should follow a systematic knowledge- and skill-building sequence in which basic course work precedes or is concurrent with practicum as much as possible. Preparation may consist of the formal courses in the AuD curriculum, laboratory assignments, readings, and supplemental workshops as part of AUSP 8104.
3. Students are placed with a member of the University's faculty in their second semester. These placements are typically in a basic pediatric or adult hearing evaluation clinic.

4. The Director of Clinical Education in Audiology tracks each student's coursework and previous clinical experiences to ensure that a student is prepared for the current assignment. During orientation, prior to the beginning of a semester, the faculty meet with their assigned students to present an overview of the clinic and general information regarding their placement. All clinical faculty and students participate in weekly grand rounds. If a student is assigned to a clinical experience that involves an area which he/she has limited academic preparation, the clinical faculty member is advised in advance so that additional instruction can be provided. Students may be given reading assignments to prepare for the experience.
5. Off-site placements are based on the recommendation of the clinical faculty and the prerequisite coursework and experiences specified by the professionals at the off-site facility.

#### C. Responsibilities in Audiology Practicum

1. Colleagues, whether faculty members or fellow students, should always be introduced to patients.
2. Students are expected to be ready to see patient at the scheduled appointment time with all necessary paperwork and equipment preparation completed. They are to remain in the clinic for the entire block of hours scheduled. If a patient does not show up, the student may be assigned other duties by the faculty member. If for some reason a patient is not scheduled during a student's regular clinic time, the student is still expected to be available unless dismissed by the faculty member.
3. If a student becomes ill and cannot see onsite patients, it is the student's responsibility to notify the responsible faculty member as far in advance as is possible and to arrange for a substitute clinician. At the beginning of each semester, students are encouraged to identify other student clinicians who could back-up their clinics. If this is not possible, the responsible faculty member will cover the evaluation. Cancellation of the patient is not preferred, but it may be necessary to reschedule the appointment.
4. Students are responsible for returning equipment to the proper area immediately after use and for sanitizing toys and cleaning up the test suites after each appointment.
5. Reports are to be turned in to the responsible faculty member by the close of two working days following the evaluation, unless it is a pediatric evaluation report, which is due in 24 hours. Corrected reports are to be returned to the responsible faculty

member within 24 hours after they are received. If a patient is returning for further evaluation soon, the report should be written as fully as possible and include an explanation, stating exactly why the patient is returning and what testing is to be done.

#### D. Practicum in Clinical Education

1. Occasionally an experienced student may be given the opportunity to assist a faculty member in the clinical education process. The responsibilities that may be assigned to the student include demonstration of clinical techniques and other areas of supervisory management.
2. A student will not be asked to offer a final clinic rating of another student.
3. Only the hours of clinical demonstration will be counted toward ASHA requirements, unless the student is actively involved in the clinical session, for example a pediatric evaluation.
4. When a faculty member wishes to provide a student with this experience, a proposal defending its appropriateness must be presented to the Director of Clinical Education in Audiology.

### IV. Evaluation of Students

#### A. Daily/Weekly Evaluations

All students will be scheduled for individual or group conferences with their faculty members each week. Students' clinical performance, client staffing, etc., may be discussed at that time.

#### B. Mid-Semester and Final Evaluation Procedures

Each student will have the opportunity to meet with his or her faculty member at mid-term time and at the end of the semester. The student's performance in clinic to date will be discussed. In addition, each student may meet with the Director of Clinical Education in Audiology, if necessary. Students must plan to be available for meetings through the end of the exam period.

#### C. Grading for AUSP 8104

1. AUSP 8104 grades will be computed on criteria specific to each section. These criteria will be discussed in each class section at the beginning of each semester.

Additional criteria for course participation, assignments and professional behavior expectations will apply (please refer to the clinical competencies in Appendix I-D).

2. External off-site preceptors will be asked to give students a rating and/or a letter grade. The grade can influence a student's final clinic grade. The Director of Clinical Education in Audiology will assign a final clinic grade for each student enrolled in clinical practicum in conjunction with the clinical faculty.

3. Areas of Evaluation

Each faculty member will evaluate the clinical performance of the students whom they supervise. A clinical competency rating will be determined for each student enrolled in clinical practicum (please refer to Audiology Clinical Competencies in Appendix I-D). The competency ratings are based on a student's performance in:

- a. Professionalism (self-evaluation, accountability, time management, interaction skills);
- b. Report Writing/Charting Skills – timeliness, content, form and use;
- c. Diagnostic Skills – performance of test protocol, interpretation and case management;
- d. Rehabilitative Skills - preparation, intervention strategies, management strategies, data collection; and
- e. Counseling Skills – case history taking, informational counseling, active listening, ability to answer client questions, etc.

4. Quantitative Measures

The "Rating Scale" provides a quantitative measure of student performance, gives students information regarding their areas of strength and challenge, monitors improvement, and provides supporting information for the final grade. Ratings describe clinicians who have limited clinical competence and/or need extensive support, as well as clinicians who are relatively competent and independent in various clinical areas.

5. Rating Scale

5 = demonstrates competence and independence in all aspects of clinical assignment; asks questions that reflect application and expansion of academic/clinical knowledge and experience; example: "I have noticed this problem, and this is how I'd like to handle it."

4 = demonstrates high skill levels with most aspects of clinical assignment; requires minimal supervision and support; needs limited direction and minimal repetition or further clarification in order to problem solve; asks questions that reflect application of academic knowledge and experience; example: "I have noticed this problem, and these are some possible solutions. Which one should I try first?"

3 = demonstrates acceptable skill levels with most aspects of clinical assignment; requires moderate supervision and support; needs moderate direction/instruction; may need clarification and follow-up of presented ideas; demonstrates emerging problem-solving skills; example: "I've noticed this problem. What should I do?"

2 = demonstrates acceptable performance; requires extensive, specific direction and feedback; needs demonstration, considerable discussion, or role-play in order to learn and make changes; example: "What do I do?"

1 = demonstrates unacceptable performance; unresponsive and/or unable to make changes given extensive feedback

**Note: These ratings are a descriptive measure and are not based on a percentage of compliance in a section.**

#### 6. Level of Experience

When assigning grades, the "Level of Experience" chart is used to adjust for beginning clinicians with few experiences compared to those clinicians who have had a variety of clinical assignments and accumulated numerous clinical hours.

Hours	A	A-	B+	B	B-	C+	C	C-	D
0 – 135	≥3.0	2.8 - 2.99	2.6 - 2.79	2.5 - 2.59	2.3 - 2.49	2.1 - 2.29	2.0 - 2.19	1.99	1.89
136 – 270	≥3.5	3.3 - 3.49	3.1 - 3.29	3.0 - 3.09	2.8 - 2.99	2.6 - 2.79	2.4 - 2.59	2.39	2.29
271 - 400	≥4.0	3.8 - 3.99	3.6 - 3.79	3.5 - 3.59	3.3 - 3.49	3.1 - 3.29	3.0 - 3.19	2.99	2.89
401+	≥4.5	4.3 - 4.49	4.1 - 4.29	4.0 - 4.09	3.8 - 3.99	3.6 - 3.79	3.5 - 3.49	3.49	3.39

#### 7. To Determine the Final Grade

- Average the ratings in the four–five areas of competence.

- b. Multiply the average by the number of 30-minute units (the number of clinic clock hours the student is assigned to the clinical faculty member each week).
- c. Add all values for each clinical faculty member working with the student to calculate a total score.
- d. Divide the total score by the total number of units.
- e. Determine the student's total hours to date (undergraduate practicum excluded).
- f. Use the "Level of Experience" chart to convert the final rating to a letter grade. A "+ / -" grading system applies.

### **Session Evaluation of Student's Clinical Performance**

#### **AUSP 8104 Clinical Experience in Audiology**

**Student's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Clinical Faculty:** \_\_\_\_\_ **Clinic:** \_\_\_\_\_

**Student's Academic Year**     1<sup>st</sup>     2<sup>nd</sup>     3<sup>rd</sup>    **Semester** \_\_\_\_\_

<b>Professionalism</b>	<b>Score</b>	<b>Audiological Testing</b>	<b>Score</b>
Preparation		Instructions	
Self-Evaluation		Test Protocol	
Motivation		Use of Equipment	
Interpersonal Skills		Interpretation	
Timeliness		Case Management	

<b>Counseling</b>	<b>Score</b>	<b>Amplification</b>	<b>Score</b>
Active Listening		Test Protocol	
Informational Counseling		Troubleshooting	
Case Management		Interpretation	

<b>Documentation</b>	<b>Score</b>	<b>Special Testing</b>	<b>Score</b>
Appropriate Terminology		Knowledge/Foundations	
No Typo's or grammatical errors		Test Protocol	
Information is accurate, complete and concise		Interpretations	
Pertinent information is communicated		Case Management	
Follows proper HIM procedures			

**Comments:**

Clinical Performance is considered:  
Sum of all scores: \_\_\_\_\_

**Overall Performance:**

Excellent  Good  Satisfactory  Unsatisfactory

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**Clinical Faculty Signature**

**Date**

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**Student's Signature**

**Date**

*If performance is rated unsatisfactory, a remediation plan may be necessary. Please contact the Director of Clinical Services in Audiology to set up a meeting with the student, clinic director and preceptor to develop and initiate a plan for improving the student's clinical performance*



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Approval	

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**SUBJECT:** **Clinical Practicum Requirements in Audiology**

**POLICY:**

All Doctor of Audiology (AuD) students will meet clinical practicum requirements for the Certificate of Clinical Competence in Audiology (CCC-A) based on current certifications standards from the Committee for Clinical Certification (CFCC) through the American Speech-Language-Hearing Association (ASHA) and/or the American Board of Audiology (ABA), as well as any additional practicum required for a State of Tennessee license, and any additional practicum designated by the School of Communication Sciences and Disorders at the completion of the program.

**PROCEDURE:**

**I. Practicum Requirements**

- A. Clinical practicum experience will occur throughout the 4-year (typical) graduate program.
- B. Practicum experience requires supervised clinical practicum sufficient in depth and breadth to achieve the knowledge and skills outcomes as listed in Standard IV of the 2020 Certification Handbook of ASHA by the Council for Clinical Certification. It is anticipated that a minimum of 2000 hours will be needed to meet these outcomes. Hours completed under a clinical educator who holds the Certificate of Clinical Competence in Audiology will ensure eligibility for either ASHA or ABA certification. The clinical requirement for our program is typically 2000 hours. A student will acquire a large quantity of hours through direct contact with patients/clients, interprofessional education and practice, and non-contact activities such as consultation, record keeping, and administrative duties relevant to Audiology service delivery. The bulk of the 2000 hours is accrued during the fourth-year externship when a student's entire workday is dedicated to providing clinical services.
- C. The content and quality of clinical experiences during the first three years, as well as the 4<sup>th</sup> year externship, are coordinated and monitored by the Director of Clinical Education in Audiology. The goal is to assure that a student not only meets or exceeds certification requirements but has obtained sufficiently diverse clinical experiences to meet the

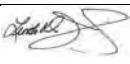
expected competency levels for typical off-site rotations, the 4<sup>th</sup> year externship, and employers.

- D. Students must obtain a variety of clinical practicum experiences in different work settings and with different populations to capably demonstrate skills across the scope of practice in audiology.
- E. Students will obtain clinical observation hours at the University of Memphis even if observation hours have been obtained elsewhere. Observation is typically completed during a student's first semester. Exceptions may be made to this at the discretion of the Director of Clinical Education in Audiology.
- F. Additional clinical experiences may be required to meet a particular state's unique licensing requirements. It is the students' responsibility to investigate the licensure laws of states where they may seek employment, and to inform the Director of Clinical Education in Audiology in advance, to provide sufficient time to arrange the necessary clinical experiences.
- G. Supervision of students must be sufficient to ensure the welfare of the patient and the student in accordance with AAA and ASHA's code of ethics.
- H. Supervision of clinical practicum must include direct observation, guidance, and feedback to permit the student to monitor, evaluate and improve performance to develop clinical competence. The amount of supervision must be appropriate to the student's level of training, education, and competence. The amount of supervision provided to each student must reflect the specific needs of the student clinician and the individual who is receiving services.
- I. All clinical faculty/preceptors on-site hold current ASHA CCC-A certification. Majority of the off-site preceptors also hold current ASHA CCC-A certification. For preceptors who do not hold current ASHA CC-A certification, this is documented and recorded, and may fulfill a unique need such as unique clinical experience(s).
- J. Clinical practicum experiences must be within the ASHA and AAA scope of practice for Audiologists to count towards certification.
- K. Students will obtain a minimum of 10 hours of screening individuals for disorders in speech-language pathology (SLP). These hours are typically obtained by assignment to an SLP screening program. Further, SLP screening hours may be obtained during Audiology clinic assignments (both on-site and off-site) when such screening is deemed necessary as part of the audiological examination.

- L. Students will obtain a minimum of 125 direct contact clock hours under the supervision of University of Memphis Clinical Audiology Faculty.



**School of Communication  
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The University of Memphis**  
**Academic and Clinical Education**

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Approval	

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**SUBJECT:** **Clinical Practicum in Speech-Language Pathology**

**POLICY:** All SLP students involved in clinical practicum will enroll in AUSP 7200, Introduction to Clinical Practice in Speech-Language Pathology, in their first semester and AUSP 7208, Clinical Experience in Speech Pathology, in each subsequent semester of full-time graduate study. The cumulative grade of the first two semesters of clinical practicum (7200/7208) must be a B- (2.67) or greater. A cumulative clinic grade for the last five semesters must be at least 3.00. Students must obtain a B (3.00) or better in each of their last two semesters. Also, satisfactory acquisition of knowledge and skills for certification as prescribed by the American Speech-Language-Hearing Association is required. A minimum of 14 semester credit hours of AUSP 7200/7208 may be counted toward the 60-hour degree requirement.

**PROCEDURE:**

**I. Description of AUSP 7200 and AUSP 7208/8208**

These courses consist of a weekly class and a supervised clinical practicum in speech-language pathology. The content of the courses includes the theory of therapeutic process, policies and procedures of the Memphis Speech and Hearing Center, scope of practice, ethics, assessment, family/parent counseling, public school law, and professional issues. Attendance and participation in these classes are required. Grades in these courses include both class and practicum participation and performance.

## **II. Clinical Assignments**

### **A. Clinical Practicum**

Students are assigned a minimum of 6 hours of client contact each week for AUSP 7200 and a minimum of 9 hours a week for AUSP 7208/8208. Additional hours may be assigned to complete total clock hour requirements or competency and skill. A student may request additional clinical assignments.

1. An attempt is made to give students an intensive diagnostic practicum of two diagnostic appointments per week; fulfilling 4-5 hours of their weekly AUSP 7208/8208 practicum requirement.
2. Students holding graduate assistantships are assigned responsibilities according to the terms of their contract which can include up to 10 hours a week of additional client contact.

### **B. Progression of Clinical Assignments**

1. Each semester the director of clinical education meets with the student to discuss their past clinical placements and plan for future assignments. The goal is for all students to have experience with prevention, assessment and treatment of disorders across the scope of practice and the lifespan; experience with diverse ethnic and cultural backgrounds; and exposure to multiple types of settings.
2. Clinical assignments should follow a systematic knowledge and skill-building sequence in which basic course work precedes or is concurrent with practicum as much as possible. Preparation may consist of the formal courses in the SLP curriculum, laboratory assignments, and supplemental workshops as part of AUSP 7208.
3. Students are placed with a member of the University's clinical faculty in their first semester of clinic. Typical first placements are with young children with language and speech disorders and/or the Adult Services for Standard English Training (ASSET) program.
4. Students with an undergraduate degree in communication disorders may be placed with clients with more complex disorders if they have had preparatory undergraduate coursework, clinical experiences, or are taking concurrent coursework that provides knowledge of the disorder.

5. Students who have undergraduate degrees in other fields of study obtain 25 observation hours in their first semester. Those who have had coursework in related areas (i.e., education or linguistics) may participate in the ASSET program in their first semester.

The Director of Clinical Education in Speech-Language Pathology tracks each student's coursework and previous clinical experiences to ensure that a student is prepared for the current assignments. During orientation, before the beginning of a semester, the faculty meet with their assigned students to present an overview of the clients' needs and general information regarding the disorders they will be seeing. All clinical faculty meet with their students weekly to discuss the plans for assessment or treatment as well as provide education regarding the clients' disorders. If a student is assigned to a clinical experience that involves disorders for which he/she has limited academic preparation, the clinical faculty member is advised in advance so that additional instruction can be provided. Students may be given reading assignments to prepare for the experience.

6. The assignment of students to external practicum takes into consideration the recommendation of the clinical faculty and the prerequisite coursework and experiences specified by the professionals at the off-site facility.

#### C. Student Responsibilities

1. Students are expected to be prepared to see their client at the scheduled appointment time with all necessary paperwork and equipment preparation completed. They are to remain in the clinic for the entire block of hours scheduled. If a client does not show up, the student may be assigned other duties by the faculty member. If for some reason a client is not scheduled during a student's regular clinic time, the student is still expected to be available unless dismissed by the faculty member.
2. If a student becomes ill and cannot see onsite patients, it is the student's responsibility to notify the responsible faculty member as far in advance as possible and to arrange for a substitute clinician. At the beginning of each semester, students are encouraged to identify other student clinicians who could back-up their clinics. If this is not possible, the responsible faculty member will cover the session. Cancellation of the client is not preferred, but it may be necessary to reschedule the appointment.
3. Students are responsible for returning equipment and materials to the proper area immediately after use and for sanitizing toys ([Phys-309](#)) and cleaning up the session room after each appointment.

#### CI. Objectives for SLP Students in Audiology Clinic

1. Students will be expected to demonstrate competency in screening hearing of individuals (children and adults) who can participate in conventional pure-tone air conduction methods. Students may become competent in screening for middle ear pathology through screening tympanometry for referral of individuals for further evaluation and management.
2. Students will demonstrate an understanding of the interpretation of an audiogram and the procedures for gathering case history information.

3. Students will be given opportunities to provide services to individuals with hearing loss and their families/caregivers (e.g., auditory training; speech reading; speech and language intervention secondary to hearing loss; visual inspection and listening checks of amplification devices for the purpose of trouble shooting, including verification of appropriate battery voltage).

E. Practicum in Clinical Education

1. Occasionally an experienced student may have the opportunity to assist a faculty member in the clinical education process. The responsibilities assigned to the student may include demonstration of therapy techniques and other areas of supervisory management.
2. A student will not evaluate another student.
3. When a clinical faculty member wishes to provide a student with this experience, a proposal defending its appropriateness is presented to the Director of Clinical Education in Speech-Language Pathology.
4. Only the hours of demonstration therapy will be counted toward ASHA requirements.
5. The certified clinician must meet ASHA's minimum observation requirements for the student clinician providing direct services.

**III. Clinical Education – Observation and Instruction**

- A. The clinical faculty use the Continuum of Supervision (Anderson, 1988) as a guide regarding the amount of time and approach to supervision. The ultimate goal is for the student to acquire independence at the end of each semester with his/her assigned clients and confidence to practice professionally by the end of the program. The exception is when students work with clients covered by Medicare, and those require 100% in the room supervision.
- B. Observation and intervention on the part of the clinical educator can vary based on the skill level of the student and the complexity of the client's concerns. Assessment sessions are typically observed 100% to ensure that the procedures are accurate and the client and family receive a clear explanation of the diagnosis and recommendation. Clients with significant behavior issues are monitored more closely to ensure safety for both the client and the student.
- C. Students and educators meet regularly to discuss the progress of their clients and plan sessions. Students are encouraged to initiate and contribute to the discussion regarding the planning and provision of services at the expected level of their knowledge and skills. The educator or student can request and schedule additional time as needed.

#### **IV. Evaluation of Clinical Competency**

##### **A. Daily/Weekly Evaluations**

1. The clinical faculty member will provide verbal and written feedback to students throughout the semester.
2. Students receive feedback on a regular basis regarding their performance in the clinic. These can be in individual or group conferences each week with their clinical faculty member or a general debrief after a session. Additional meetings with the faculty member may be requested as needed

#### **V. Mid-Semester and Final Evaluation Procedures**

1. The [Clinical Competencies for SLP Students to be CF Ready](#) is a rubric based on the ASHA Standards and the expected progression of knowledge and skills throughout one's clinical education. The ultimate goal is to be "Clinical Fellowship (CF) Ready" upon graduation. The clinical competencies taught and monitored are in the areas of Evaluation, Intervention, Administration, Professional Interaction, Management of Behavior and Clinical Environment, and Oral and Written Reporting.
2. At the beginning of each semester, the student and faculty member develop goals for the student's learning that semester. These goals can be a combination of those in progress from previous semesters and goals specific to the clinical assignment.
3. At mid-term the student's skills are assessed, and the goals are adjusted or revised.
4. If a clinical faculty member has serious concerns regarding a student's skills at any point in the program, an [Areas of Study Requiring Attention form](#) is initiated.
5. Calculation of the Grade:
  - a. Criteria for grading class participation are specific to each section of AUSP 7200.
  - c. Clinical skill and performance are rated for each area on the rubric [Clinical Competencies for SLP Students to be CF Ready](#). The student's semester of study is used as a guide for the expected skills to be accomplished by the end of that semester.
  - d. Ratings are based on a range for each semester of study. For example, the expected range for the first semester is 0-1.0; second semester 1.01-2.0; third semester 2.01-3.0; fourth semester 3.01-4.00; and fifth semester 4.01-5.00. If a student does not meet all levels of competency in previous semesters, it can impact the rating for the current semester.
  - e. Clinical faculty enter ratings for their student(s) to indicate the level at which the skills are **consistently** demonstrated by the student for each item across the six areas assessed.

- f. The six areas are averaged to generate a total rating for the semester.
- g. The ratings are weighted based on client contact time gained with each clinical faculty member in a semester.
- h. The final score is then converted to a letter grade using the chart below. A plus/minus grading system applies.

<b>Grade</b>	<b>Semester of Study</b>				
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>A</b>	1.0	2.0	3.0	4.0	4.93-5.00
<b>A-</b>	.92-.99	1.92-1.99	2.9-2.99	3.88-3.99	4.85-4.92
<b>B+</b>	.84-.91	1.84-1.91	2.8-2.89	3.76-3.87	4.77-4.84
<b>B</b>	76-.83	1.76-1.83	2.7-2.79	3.64-3.75	4.69-4.76
<b>B-</b>	.68-.75	1.68-1.75	2.6-2.69	3.52-3.63	4.61-4.68
<b>C+</b>	.60-.67	1.60-1.67	2.5-2.59	3.40-3.51	4.53-4.60
<b>C</b>	.52-.59	1.52-1.59	2.4-2.49	3.28-3.39	4.45-4.52
<b>C-</b>	.44-.51	1.44-1.51	2.3-2.39	3.16-3.27	4.37-4.44
<b>D+</b>	.36-.43	1.36-1.43	2.2-2.29	3.04-3.15	4.29-4.36
<b>D</b>	.28-.35	1.28-1.35	2.1-2.19	2.92-3.03	4.21-4.28
<b>F</b>	.10-.27	1.10-1.27	1.90-2.0	2.80-2.91	-4.13-4.20



**School of Communication  
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The University of Memphis**

**Academic and Clinical Education**

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Approval	

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**SUBJECT:** **Clinical Practicum Requirements in Speech-Language Pathology**

**POLICY:** All MA Speech-Language Pathology students are required to meet ASHA's clinical practicum requirements for the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP), state licensure, and additional practicum designated by the School of Communication Sciences and Disorders. PhD students wishing to obtain clinical certification must also meet these requirements.

**PROCEDURE:**

**I. Practicum Requirements**

- A. ASHA certification standards are described at <https://www.asha.org/certification/2020-slp-certification-standards/>.
- B. A minimum of 400 clock hours of supervised clinical experience is required, 375 of which must be spent in direct client/patient contact and 25 spent in clinical observation. All clock hours included in the 400 must be within the scope of practice for speech-language pathology.
- C. At least 325 of the 400 required practicum hours must be completed while engaged in graduate study. No more than 75 practicum hours can be counted from an undergraduate program.
- D. Students will obtain clinical experiences to prepare them to diagnose and treat communication disorders and differences across the scope of practice of speech-language pathology. Clients will include children and adults from culturally/linguistically diverse backgrounds. Experiences will be obtained in various work settings.

- E. Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate area of practice and hold the appropriate state license. The amount of supervision must be appropriate to the student's level of knowledge, experience, and competence with a minimum of 25% direct observation of the student's total contact with each client. This direct observation should take place periodically throughout the practicum to ensure the welfare of the client.
- F. Upon graduation, students "must possess skill in oral and written or other forms of communication sufficient for entry into professional practice" (ASHA, 2017).
- G. Additional practicum requirements for the School of Communication Sciences and Disorders include:
  - 1. At least 125 clock hours of the total 400 are to be obtained under the direct supervision of the faculty at The University of Memphis.
  - 2. A minimum of fifteen (15) hours in treatment/evaluation/prevention of voice disorders.
  - 3. A minimum of fifteen (15) hours in treatment/evaluation of fluency disorders.
  - 4. A minimum of twenty (20) hours in hearing management and hearing screening, with some experience in both areas.
  - 5. It is the student's responsibility to investigate the licensure laws of states that he/she may seek employment in and inform the Director of Clinical Education in Speech-Language Pathology in sufficient time to arrange clinical experiences to meet that state's unique requirements during the student's graduate experience at the University of Memphis.
  - 6. Students who are placed at an external practicum site should be assigned a minimum of one client under the direct supervision of a faculty member at the University of Memphis.
  - 7. Students must complete a minimum of one semester in a diagnostic practicum under the direct supervision of a faculty member at the University of Memphis.
  - 8. A detailed list of roles and responsibilities of the clinical faculty and student is listed in Appendix I-L. A description of the progression of clinical experiences and expectations for each semester is listed as well.



**School of Communication  
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Approval	

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**SUBJECT:** **Reporting Clinic Clock Hours**

**POLICY:** All students are responsible for recording clinic clock hours accurately according to ASHA guidelines on a weekly basis.

**PROCEDURE:**

**I. Recording Hours**

Students record hours **weekly** in the AHST Typhon System. A window of seven (7) days is allowed to enter hours. If hours are not logged within that period, the student may lose the ability to enter the hours.

**II. Clock Hour Approval**

Clock hours are confirmed and approved throughout the semester by the clinical faculty and external preceptors on Typhon.

**III. Archiving Records**

- A. A copy of a student's total clock hours is placed in the individual student's academic electronic file which is archived on the School's protected server upon graduation.
- B. It is recommended that students archive their clock hours separate from the Typhon system at the end of each semester and upon graduation. Students will have access to the Typhon database for five years after graduation.
- C. The University of Memphis is only required to maintain student records for five (5) years. It is STRONGLY suggested that clock hours be kept by the student in a safe place for perpetuity.

#### **IV. Logging Speech-Language Pathology Hours**

- A. Only direct contact with the client or the client's family in assessment, management, and counseling can be counted toward practicum. Preparation for sessions, chart review, and report writing **cannot** be counted as clock hours.
- B. When more than one student is **actively** participating in group therapy, i.e., directing the activity, modeling, keeping data and assisting in group management, all hours of clinical contact will be counted toward ASHA requirements. When a student is observing a group or individual session, these hours do not count as direct contact.
- C. When more than one student is participating in a Speech/Language diagnostic, the primary clinician counts the hours unless the one assisting is **actively** participating in data collection, test administration, or engaging the client.
- D. The clinical hours are verified by the faculty member supervising the session throughout the semester to ensure their accuracy.
- E. A hard copy of the accumulated hours and totals by disorder is sent to the student after graduation.

#### **V. Logging Audiology Hours**

When more than one student is participating in an audiology diagnostic, only the primary student (the student actually testing) may count the hours unless both are involved directly, for example, a pediatric session involving VRA testing. Also, audiology students (AuD) may count hours spent during the workday on such activities as consultation, record keeping, and administrative duties. Therefore, in the example given above regarding two students participating in an evaluation, only the primary clinician may count the direct contact hours, but the secondary clinician may count the hours as consultation. Both students may count time spent in consultation, record keeping, and other related administrative duties. See the Director of Clinical Education in Audiology for clarification and details and/or policy E-A-102 and E-A-103 for further clarification.

#### **VI. Questions**

When a student has a question regarding the appropriate way to categorize specific hours, the appropriate Director of Clinical Education or the supervising faculty member should be consulted.



**School of Communication  
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**SUBJECT:** **Student Evaluations of Clinical Educators**

**POLICY:** The students' evaluation and feedback of the faculty's supervisory and professional skills is required at the end of each semester and is encouraged to be an ongoing process throughout the semester.

**PROCEDURE:**

**I. Orientation**

- A. The faculty member and student will discuss each other's expectations and goals for the semester about learning and instruction.
- B. Students will be referred to the Student Evaluation of Clinical Educator Competency Form ([Appendix I-B](#)) as a guide to identify areas to consider when assessing supervisory skills.

**II. The Process of Evaluation**

- A. The student will be asked to evaluate his/her clinical faculty each semester. The evaluation is a process that continues throughout the semester.
- B. At mid-term, a meeting is scheduled for the student to provide specific information to the faculty member regarding his/her teaching and provide suggestions for change if applicable. The evaluation is presented in a face-to-face meeting. This evaluation is typically provided verbally; however, the faculty member has the discretion to request that it be submitted in writing.
- C. Both the student and the faculty member have the responsibility to give honest and accurate feedback and address issues as they arise throughout the semester.
- D. At the end of the semester, SLP students will submit their signed evaluation ([Appendix I-B](#)) to the clinic director prior to the last day of clinic. The evaluation is then shared with the faculty member after clinic grades have been distributed to the students.

- E. **All students** are asked to complete an anonymous evaluation for each faculty member with whom they work in the semester. This is completed on Typhon, and the results are available for review by the faculty member.
- F. Evaluations of off-site supervisors are completed on the Typhon system and shared with the supervisor at the discretion of the clinic director.
- G. It is important that the information included in the evaluations has been addressed at some point in the semester with the supervisor so that they have the opportunity to discuss and revise their teaching with the student before the end of the semester.

### **III. Difficult Evaluations**

- A. If at any time a student is concerned about how to address an issue or is concerned about his/her interactions with a clinical faculty member, they can discuss the matter with the appropriate Director of Clinical Education. If the Director of Clinical Education is the supervising clinical faculty member, then the student is encouraged to seek out counsel from a trusted member of the faculty. The conversation will be kept in strict confidence. The goal of the meeting will be to find a way for the student to address the issue directly with the clinical faculty member.
- B. Students are encouraged to seek counsel on how to address difficult issues early in the semester so that the optimal learning environment can be established.



**School of Communication  
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**SUBJECT:** **Documentation of Academic and Clinical Competencies for ASHA Certification**

**POLICY:** Academic and Clinic Advisors are responsible for recording the courses and clinical experiences completed by each student. Students are encouraged to track their mastered competencies as they progress through the program as well.

**PROCEDURE:**

**I. Knowledge and Skills Outcomes**

The knowledge and skills are found in the CSD Handbook by CAA Standards speech-language pathology ([Appendix I-G](#)) and audiology ([Appendix I-I](#)) and CFCC Standards by course (SLP [Appendix I-H](#), AuD [Appendix I-J](#)). These list the standards for the ASHA Certificate of Clinical Competence in both professions and the courses that meet each standard. Each faculty member determines the knowledge and skills covered in the course and the method that competencies are assessed. Knowledge and skills are tracked by the academic advisor for each student and are reviewed each semester with the advisor. The documentation of clinical skills is tracked by the Directors of Clinical Service.

**II. Areas of Study Requiring Attention Form**

It is possible for a student to make a passing grade in a course/practicum and still not meet all the competencies covered in the course satisfactorily. If this is the case, the instructor will initiate an Areas of Study Requiring Attention plan ([Policy E-117](#))

**III. Clinic Hours**

Clinic clock hours are logged in the Typhon system ([Policy E-109](#)).

#### **IV. Standards for Clinical Verification by Program Director**

The student's Academic Advisor and the appropriate Director of Clinical Education confirm all knowledge and skills at graduation. The Standards for Clinical Certification Verification by Program Director form is initiated through the ASHA portal by the applicant and signed electronically by the Dean.



**School of Communication  
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**Academic and Clinical Education**

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**SUBJECT: Areas of Study Requiring Attention (ASRA)**

**PURPOSE:** Upon graduation, students intend to obtain the ASHA Certificate of Clinical Competence (CCC) in either Audiology or Speech-Language Pathology. To achieve this certification, a student must demonstrate a set of knowledge and skills as defined by ASHA certification standards. It is possible for a student to make a passing grade in a course/practicum and still not demonstrate all of the knowledge and skills covered in the course or practicum.

The intent of this procedure is to identify, address, and monitor areas of knowledge and skill in which a student may require additional study, instruction, or experience to achieve the expected level of competency to obtain the CCC. The ASRA is a supportive process designed to enhance student success and is to be collaborative with the student.

**POLICY:** When a student does not meet a competency in a course or clinical experience, the areas of study requiring attention will be identified and goals and recommendations will be developed for the student to complete in order to demonstrate competency in the area(s).

**PROCEDURE:**

**I. Process of Initiation of an Areas of Study Requiring Attention**

A. There are three ways to initiate the Areas of Study Requiring Attention process:

1. *Student initiated:*

Students may self-identify areas in which they do not believe they are competent. A student discusses these concerns with either their instructor or advisor to develop a plan to address areas of need.

2. *Instructor initiated:*

The competencies associated with each course are identified in the CSD Handbook. If a student does not meet a competency in a course or clinic, the instructor may complete an Areas of Study Requiring Attention form identifying the knowledge or skills that have not been met and will recommend how the competency is to be met.

3. *Advisor initiated:*

A student's Academic Advisor or Clinic Director can initiate an Areas of Study Requiring Attention process if areas of difficulty are observed across different courses, clinical performance, or both.

**II. ASRA Severity**

- A. A minor ASRA is self-initiated or involves a minor concern such as an isolated instance of an exam retake or assignment revision due to low grade; or focused practice related to a competency addressed in a single course.
- B. A major ASRA addresses a significant concern such as difficulties spanning more than one exam, assignment, course, instructor, or competency; or continuation of a previous ASRA.

**III. Process Regarding Academic Knowledge and Skills**

A. Minor ASRAs

- 1. These plans require notification of the students' advisor.
- 2. A copy of the plan is signed by the initiator, the student, and the students' advisor.
- 3. An electronic copy is placed in the student's academic folder.
- 4. If the issue is related to clinic, the Clinic Director receives a copy as well.

B. Major ASRAS

- 1. The instructor or advisor initiating a major ASRA convenes a committee and communicates concerns to all committee members. If the ASRA is initiated by an instructor, the committee includes the instructor, the student, and student's advisor.
- 2. If the major ASRA is initiated by the advisor, the committee includes the advisor and any other faculty members deemed by the advisor to be instrumental in addressing competency concerns. The committee meets to discuss the concerns and create a plan.
- 3. If the issue is related to clinic the committee also includes the Clinic Director.
- 4. The Associate Dean of Graduate Studies receives a copy of all major ASRAs.
- 5. A copy of the plan is signed by and shared with all committee members. An electronic copy is placed in the student's academic folder. If the issue is related to clinic, the Clinic Director receives a copy as well.

- C. Completion of the plan is assessed by the faculty involved and noted in the student's academic folder.

#### **IV. Process Regarding Clinical Knowledge and Skills**

- A. The faculty member who identifies the issue communicates the concerns to the appropriate Director of Clinical Services.
- B. The Clinic Director convenes a committee of faculty currently working with the student and the student's academic advisor to develop the Areas of Study Requiring Attention plan.
- C. The committee meets with the student to address the knowledge or skills that are not at the expected level and determine the best plan of action.
- D. A copy of the plan is distributed to the student, the students' Academic Advisor, and the faculty who are involved in the implementation of the plan. An electronic copy is placed in the student's academic file.
- E. The committee and student reconvene at or before a determined date to assess the progress and determine whether the plan has been achieved or further action needs to take place.

#### **V. Graduate Assistant**

GA assignments will be reconsidered for students completing on ASRA that is not self-initiated.

#### **VI. Components of a Plan**

- A. The student's name, advisor, semester of study, course name and number, and instructor(s) of the course.

- B. Areas of Study

This is a specific list of the knowledge or skills in which the student has not demonstrated minimal competency.

- C. Goals

Goals are to be measurable in order to determine whether the outcome sufficiently demonstrates the successful completion of the competencies in question.

- D. Recommendations

1. Specific steps of action as to how the goals can be accomplished.
2. A date for an intermediate progress review may be set.

E. Date

A specific date is indicated to note when the goals are to be completed. Duration of an ASRA should not be more than a single semester.

F. Signatures

All of the individuals formulating the plan, including the student, are to sign the ASRA.

G. Outcome and Performance

Once the recommended period has lapsed, the faculty who are involved in the implementation of the plan note the outcome of the plan and determine the extent to which objectives have been met. Options for ASRA outcome include:

1. Completed
2. Continue plan
3. Revise plan

Options for evaluating the student's progress toward ASRA objectives and overall performance include:

1. Satisfactory
2. Persisting concerns
3. Unacceptable

H. A meeting is called with the student and the individuals involved in the initiation of the plan to discuss the outcome and recommendations. After the outcome meeting, the parties involved, including the student, sign the form to indicate recognition of the outcome(s) and recommendation(s).

**VII. Time Constraints**

A. A plan addressing the same competencies should not extend beyond two semesters. If issues are critical and remain a concern:

1. The student will be informed of the strong likelihood that CCC may not be obtained.
2. The student's options regarding program continuation will be reviewed with the student.

3. Unsatisfactory completion of an ASRA, particularly one of major severity, will prompt faculty review of student's overall performance across content areas and clinic, and may be grounds for dismissal.

**AREAS OF STUDY REQUIRING ATTENTION**  
**School of Communication Sciences and Disorders**  
**The University of Memphis**

The student must meet the requirements of the School, as well as demonstrate a set of knowledge and skills as defined by ASHA certification standards. A student can earn a passing grade in a course/practicum and still not demonstrate all of the knowledge and skills covered in the course or expected in practice (Policy E-117 in CSD Handbook). Unsatisfactory evaluation of an ASRA, particularly one of major severity, will prompt faculty review of the student's overall performance across content areas and clinic, and may be grounds for dismissal.

**Student:** \_\_\_\_\_ **Advisor:** \_\_\_\_\_ **Semester:** \_\_\_\_\_

**Instructor/Course:** \_\_\_\_\_

**Date of Original Plan:** \_\_\_\_\_ **Date of Current Plan:** \_\_\_\_\_

**Severity of ASRA:**

- Minor – self-initiated or minor concern (e.g., isolated competency within a single course)  
 Major – more significant concern (e.g., multiple competencies spanning an entire course or courses; continuation of previous ASRA)

**Area(s) Identified (Knowledge and Skills):**

**Goals to be Completed (specific and measurable):**

**Recommendations for Completion:**

**Date to be Assessed (no longer than single semester):** \_\_\_\_\_

**Instructor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Advisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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

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

**Overall performance:**

Satisfactory       Persisting concerns       Unacceptable

**Recommendations:**

Discontinue Plan       Continue Plan       Revise Plan       Faculty  
Review

**Date to be Assessed (no longer than single semester):** \_\_\_\_\_

Instructor's Signature:	_____	Date:	_____
Student's Signature:	_____	Date:	_____
Advisor's Signature:	_____	Date:	_____
Instructor:	_____	Date:	_____
Instructor:	_____	Date:	_____
Instructor:	_____	Date:	_____

**School of Communication  
Sciences & Disorders  
The University of Memphis**  
**Academic and Clinical Education**

Policy Number	<b>E-118</b>
Effective Date	August 25, 2021
Supersedes Date	April 26, 2019
Review Date	May 2023
Approval	

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**SUBJECT:** **Immunizations, Certifications, and Screenings Required of Students Prior to External Clinical Placement**

**PURPOSE:** This policy is intended to protect both students and clients. Clinical placements have varying requirements of students to show evidence of immunizations, a Tuberculin (TB) test, criminal background check, CPR certification, and drug testing to participate in a clinical experience.

**POLICY:** All students who provide clinical services through external agencies are **required** to have an appropriate criminal background check that meets the standards of the facility, annual Tuberculin (TB) test and flu shot, TDap vaccination and current CPR certification. Students may be asked to complete drug testing prior to an external placement.

Students must provide documentation to verify completion of the requirements to the Director(s) of Clinical Services via Typhon.

**PROCEDURE:**

**I. Notification**

- A. The program will notify incoming students of the requirements stated in this policy before entering the program.
- B. Students will also be notified in advance if they are responsible for any associated costs to meet these requirements.

**II. Tests/Vaccinations**

- A. Annually students are required to obtain a TB test or chest x-ray.
- B. The TDap vaccination is required every ten years.

- C. An annual flu shot is required each fall.
- D. The HEP-B vaccination series or waiver is required by both MSHC and off-site facilities.
- E. Some off-site practicum sites require a COVID-19 test and/or the COVID-19 vaccination before starting the practicum and they do not offer exemptions. This may impact clinical opportunities or on time graduation.
- F. Students will upload a copy of the documentation to the Typhon system within the first week of the Fall semester and keep a copy of the original for their records.

### **III. CPR and AED2 Certification**

All students are to take a CPR course offered by a reputable entity covering CPR and Automated External Defibrillator (AED) training for health care providers, including a hands-on practical examination. Students will provide appropriate CPR certification documentation and upload a copy to the Typhon system within the first week of the Fall semester. Students must keep the original form.

### **IV. Criminal background check**

- A. Students should be aware that criminal convictions may make them ineligible to participate in any clinical experiences included in the program, therefore necessitating removal from the program and/or impacting one's ability to successfully complete course and program requirements.
- B. Students assigned to the public or private schools will need a TBI criminal background check and finger printing completed through the College of Education at the University of Memphis. Detailed instructions can be found [here](#). Some school districts may require a minimum amount of time since the completed background check.
- C. All faculty and staff who interact with minors off-campus must have a TBI criminal background check and finger printing completed through the College of Education at the U of Memphis. Detailed instructions can be found [here](#).
- D. Students assigned to medical facilities will need a National background check. There is an additional cost associated with this procedure. Procedures for <https://www.castlebranch.com/> are in [Appendix I-K](#).
- E. There are potential consequences associated with failing a criminal background check regarding licensure. If a student answers "yes" to any of the questions below, it is possible that he/she may be denied licensure at the end of the degree program.
  1. Have you ever been convicted of a felony or crime(s) other than minor traffic offenses?
  2. Have you ever been denied licensure of the profession for which you might apply

- for licensure or had discipline imposed by another state's licensing
3. Have you ever had a civil suit judgment entered against you or entered into an adverse civil settlement?

Students must review the state licensure requirements specific to the discipline by contacting the specific licensing board. It is the student's responsibility to understand.

## V. Drug Testing

- A. Students who provide clinical services may be required to complete drug testing as a stipulation of the external clinical placement. Each agency will determine the requirements for drug testing for its facilities. Procedures for drug testing are in [Appendix I-K](#).
- B. Any student found to have failed drug testing may be unable to complete the requirements of the program.
  1. If a student fails a drug test, the external facility will determine if the student can retake the test. The external site has the right to refuse placement for the semester.
  2. If a student fails a drug test, placement at MSHC or any other facility will not be possible until the drug test is retaken and passed. The student may only retake the drug test once in a semester. This may affect the student's completion of clinical experience for that semester and potentially delay his/her program.

## VI. Records and Dissemination of Information

- A. Students will upload proof of the required tests and procedures to their private record in the Typhon system.
- B. The clinic director will enter the expiration date for each item.
- C. It is the responsibility of the student to remain current with all records and procedures.
- D. If a site requires documented proof of the test results, it will be the responsibility of the student to provide the information.



**School of Communication  
Sciences & Disorders  
The University of Memphis**

**Academic and Clinical  
Education**

Policy Number	<b>E-119</b>
Effective Date	January 26, 2018
Supersedes Date	July 30, 2010
Review Date	May 2023
Approval	

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**SUBJECT:** Commitment to Non-Discrimination and Diversity

**PURPOSE:** The program and its faculty are dedicated to and recognize the benefits of a student population diverse in background, culture, socioeconomic status, race, ethnicity, and work and life experiences. This policy reiterates the program's commitment to non-discrimination and its recognition of the value of diversity.

**POLICY:** **Equal Opportunity/Non-Discrimination**

In accordance with University of Memphis policies UM1781 Non-Discrimination and Anti-Harassment and UM1381 Equal Opportunity and Affirmative Action, the School of Communication Sciences and Disorders offers equal opportunity to all persons without regard to race, color, religion, age, disability, sex, national origin, veteran status, sexual orientation, gender identity/expression or any other University recognized or legally protected class or basis (each a "protected class").

Therefore, no student shall be discriminatorily excluded from participation or denied benefits on the basis of a protected class. This prohibition against discrimination encompasses all areas of the program including, but not limited to, admissions, retention and clinical placements. Students who believe that they have been discriminated against or harassed based on their inclusion in a protected class can contact the [Office for Institutional Equity](#).

No client or individual served in a clinical setting shall be discriminatorily excluded from participation or denied services on the basis of a protected class. This prohibition against discrimination encompasses all areas of clinical practice including, but not limited to scheduling appointments, service delivery, or discharge. Clients who believe that they have been discriminated against or harassed based on their inclusion in a protected class can contact a Director of Clinical Services at the Memphis Speech and Hearing Center, 901-678-5800, or the University's [Office for Institutional Equity](#) at 901-678-2713.

**Diversity**

The School of Communication Sciences and Disorders is committed not only to providing a robust education, but also to building a diverse community of scholars. Central to our philosophy is that working side by side with persons of varied backgrounds, views and life experiences strengthens and enriches our research, scholarship, and teaching. A diverse graduate student population also enhances the academic experiences for all students. Students are encouraged to collaborate, learn from each other and to take pride in their varied backgrounds and cultures.

**School of Communication  
Sciences & Disorders  
The University of Memphis**

**Academic and Clinical Education**

Policy Number	<b>E-120</b>
Effective Date	October 26, 2018
Supersedes Date	January 26, 2018
Review Date	May 2023
Approval	

**SUBJECT:** Essential Functions

**PURPOSE:** To provide information about the established academic standards and minimum essential functions that must be met, with or without reasonable accommodations, in order to participate in the program and graduate. Students must meet these essential functions in order to be retained in the program.

**POLICY:**

Essential functions are the academic, clinical, and interpersonal aptitudes and abilities that allow students to complete the professional curriculum. Students must be able to perform these essential functions during classroom, laboratory and experiential learning activities (including but not limited to participation in one-on-one interactions, small group discussions and presentations, large-group lectures, and patient/client interaction) in both the academic and clinical settings. The School of Communication Sciences and Disorders identifies the following essential functions as fundamental to the curriculum and profession.

- **Motor Skills:** As the profession requires extensive physical activity and interaction, students must possess the motor skills necessary to participate in the program and complete the prescribed course work. The student must possess sufficient motor functions to properly and adequately execute all movements necessary to provide thorough evaluations and/or therapeutic services to patients/clients of all ages. Students must be able to safely assist patients/clients in situations involving therapeutic services as well as emergency situations. (examples: able to work with active children, able to assist clients in wheelchairs)
- **Sensory/Observation:** Students must be able to independently navigate prescribed course work in all its forms (i.e., lectures, written materials, projected images, clinical training). The student must be able to independently perceive and observe the necessary information to perform all required examination and treatment protocols using necessary instruments and tools.
- **Communication:** Students must demonstrate communication skills sufficient to achieve effective clinical and professional interaction with patients/clients and others including demonstrating proficiency in both oral and written English. Students must demonstrate reading and writing skills required to write and comprehend technical reports, diagnostic and treatment reports, treatment plans and professional correspondence. Communication also includes the ability to assess and understand the significance of nonverbal responses.

- **Cognitive:** Students must have the ability to comprehend, memorize, analyze, synthesize, and apply material. Students must possess reasoning, problem solving and decision making skills at a level deemed appropriate by faculty and professional staff.
- **Behavioral/Emotional:** The student must possess behavioral and social attributes necessary for the diagnosis and treatment of communication disorders in patients/clients. Students should be mature, empathetic and exhibit compassion and concern. Students must be able to maintain sensitive and effective relationships with patients/clients, students, faculty, staff and other professionals sometimes in highly stressful situations. Students must have the emotional ability to function under stressful circumstances.
- **Flexibility/Adaptability:** Students must have the ability to adapt immediately to changing situations, as well as situations that require longer-term adaptability. Students must demonstrate the flexibility to consider new ideas and practices as they relate to the profession and the flexibility to function competently and confidently in uncertain situations.
- **Professional:** The student must possess the ability to engage in thoughtful actions and practice speech-language pathology and/or audiology in an ethical manner. Students must be willing to learn and abide by professional standards of practice as well as generally accepted standards of professional behavior, including nondiscrimination based on disability, gender identity and expression, sexual orientation, race, religion, age, and cultural or ethnic heritage. Students must be able to accept constructive feedback in a professional manner and demonstrate the ability to act upon reasonable criticism.

**Disability Accommodations:** Students who require academic accommodations to fulfill essential functions due to a physical, mental or emotional condition or learning challenges are encouraged to contact Disability Resources for Students (DRS) by email at [drs@memphis.edu](mailto:drs@memphis.edu) or by phone at 901-678-2880. DRS, with input from the School, will make a determination of whether the condition is a disability as defined by applicable laws, and for determination of what accommodations are available and reasonable. Whenever possible, reasonable accommodations will be provided for students with disabilities to enable them to meet these standards.

# **Curriculum for MA Program**

## **Degree Requirement: 60 hours minimum**

### **Regular Offerings:**

All listed courses are required unless marked as electives. Courses with an asterisk may be waived for students with an undergraduate background in CSD. Other required courses can be waived under special circumstances and with instructor's permission.

#### Basic Communication Processes (12 hours minimum)

- AUSP 7000 Speech Science
- AUSP 7003 Anatomy and Physiology of the Speech Mechanism
- AUSP 7005 Language Sample Analysis
- AUSP 7006 Language and Speech Development\*
- AUSP 7007 Communicative Interaction
- AUSP 7010 Neurological Bases of Communication

#### *Electives*

- AUSP 7002 Seminar in Communication Sciences
- AUSP 7008 Acoustic and Perceptual Phonetics
- AUSP 7016 Socio-Cultural Bases of Communication

#### Speech Disorders (15 hours minimum)

- AUSP 7203 Voice Disorders
- AUSP 7204 Disorders of Phonology and Articulation
- AUSP 7205 Fluency Disorders
- AUSP 7206 Developmental and Acquired Motor Speech Disorders
- AUSP 7209 Dysphagia and Related Disorders
- 

#### *Electives*

- AUSP 7201 Cleft Palate and Craniofacial Disorders
- AUSP 7210 Seminar in Speech Pathology
- AUSP 7202 Motor Speech Disorders in Children
- AUSP 7309 Speech Rehabilitation in Head-Neck Pathology
- 

#### Language Disorders (9 hours minimum)

- AUSP 7300 Language Disorders in Children
- AUSP 7302 Language Disorders in Adults I
- AUSP 7305 Language Learning Disabilities

#### *Electives*

- AUSP 7303 Language Disorders in Adults II
- AUSP 7304 Seminar in Language Disorders
- AUSP 7308 Augmentative and Alternative Communication
- AUSP 7212 Autism Spectrum Disorders and Related Disabilities
- AUSP 6205 ASL for Speech Pathologists, Audiologists, and Educators

#### Clinical Practicum (14 hours minimum)

- AUSP 7200 Introduction to Clinical Practice in Speech-Language Pathology
- AUSP 7208 Clinical Experience in Speech-Language Pathology

#### Other Required Courses (8 hours)

- AUSP 7500 Evaluating Research in Communication Disorders (delivered in three 1-credit modules I, II, III)
- AUSP 7501 Phonetic Transcription
- AUSP 7502 Intro to Phonetic Transcription\*
- 3 Credits of Research Experience\* (AUSP 7990, AUSP 7996, or AUSP 7991)
- AUSP 7207 Clinical Instrumentation
- *Electives*
- AUSP 7505 Introduction to Interprofessional Education & Practice

#### Assumed Audiology Coursework (6 hours)

Required audiology courses must be documented on transcript; equivalent undergraduate course with grade of B or better will count. Students with other backgrounds take these at the U of M.

- 7106 Intro Survey of Audiology
- 7113 Aural Rehabilitation

We also offer a [Graduate Certificate in AAC](#)

## Typical Course Sequences:

## Typical Course Sequence in SLP: Non-CSD background

	SUMMER	FALL	SPRING	SUMMER
Year 1	7006 Lang Dev (3, <i>online</i> ) †7502 Intro Transcription (1)	7200 Intro Clinic (2) 7003 Anat/Phys (3)  7010 Neuro Bases (2) †7500 Eval Research I (1) †7501 Transcription (1) +7300 Ch Lang Dis (3)	7208 Practicum (3) 7000 Speech Science (3)  †7005 Lang Sample Analysis (1) +7204 Phon/Artic (3) +7305 Lang Learn Dis (3)  <i>Spring Choices</i> †Clinical Research Colloquium (1) or Special Project (1-3) or Thesis (3) 6205 ASL (3)	7208 Practicum (2-3) 7106 Intro Aud (3)  +7209 Dysphagia (3) +7302 Lang Dis Adult (3)  <i>Summer Choices</i> 7308 Aug Comm (3) 7505 IPE & IPP (1-3) Special Project (1-3) or Thesis (3)
		FALL	SPRING	SUMMER
Year 2		7208 Practicum (3) †7207 Clinical Instrumentation (1) +7203 Voice (3) +7206 Dev & Acq Motor Sp (3) †7500 Eval Research II (1)  <i>Fall Choices</i> 7007 Communicative Int (3) 7212 Autism Spectrum Disorders (3) Special Project (1-3) or Thesis (3)	7208 Practicum (3) †7500 Eval. Research III (1) +7205 Fluency (3)  <i>Spring Choices</i> 7007 Communicative Int (3) 7210 Seminar in Medical SLP (1-3) 7308 Aug Comm (3) 6205 ASL (3) †Clinical Research Colloquium (1) or Special Project (1-3) or Thesis (3)	7208 Practicum (2-3) 7113 Aud Rehab (3)  <i>Summer Choices</i> 7308 Aug Comm (3) 7505 IPE & IPP (1-3) Special Project (1-3) or Thesis (3)

Note: Required in **Bold**

+ Strongly Recommended

† Delivered in a Part of Term

## Typical Course Sequence in SLP: With CSD Background

	SUMMER Full Term (online) 2 <sup>nd</sup> Term (July)		FALL	SPRING	SUMMER
Year 1	*7006 Speech Lang Development (3)	**7502 Intro Transcription (1)	<p>7200 Intro Clinic (2)            7003 Anat/Phys (3)            7010 Neuro Bases (2)</p> <p>†7500 Eval Research I (1)            †7501 Transcription (1)            +7300 Ch Lang Dis (3)</p>	<p>7208 Practicum (3)            7000 Speech Science (3)            †7005 Lang Sample Analysis (1)</p> <p>+7204 Phon/Artic (3)            +7305 Lang Learn Dis (3)</p> <p><i>Spring Choices</i>            †Clinical Research Colloquium (1) or Special Project (1-3) or Thesis (3)            6205 ASL (3)            +7205 Fluency (3)            7308 Aug Comm (3)</p>	<p>7208 Practicum (2-3)            +7209 Dysphagia (3)            †7207 Clinical Instrumentation (1)            +7302 Lang Dis Adult (3)</p> <p><i>Summer Choices</i></p> <p>7308 Aug Comm (3)            7505 IPE &amp; IPP (1-3)            Special Project (1-3) or Thesis (3)</p>
			FALL	SPRING	
Year 2			<p>7208 Practicum (3)            +7203 Voice (3)            +7206 Dev &amp; Acq Motor Sp (3)            †7500 Eval Research II (1)</p> <p><i>Fall Choices</i>            7007 Communicative Int (3)            7212 Autism Spectrum Disorders (3)            †7207 Clinical Instrumentation (1)            Special Project (1-3) or Thesis (3)</p>	<p>7208 Practicum (3)            †7500 Eval. Research III (1)            +7205 Fluency (3)</p> <p><i>Spring Choices</i>            7007 Communicative Int (3)            7210 Seminar in Medical SLP (1-3)            7308 Aug Comm (3)            6205 ASL (3)            †Clinical Research Colloquium (1) or Special Project (1-3) or Thesis (3)</p>	

Note: Required in **Bold**

+ Strongly Recommended

† Delivered in a Part of Term

\*Incoming students with a grade below B- on their equivalent undergraduate course are required to take the full course. Students with a grade of B- or higher complete an online assessment on key topics covered in 7006 to ensure preparedness for Child Language Disorders course in the fall. Those who do not earn a score of at least 80% before losing access to the assessment are required to take the full course.

\*\*Incoming students who have not completed an undergraduate course covering Transcription are required to take Introduction to Transcription.

**EVALUATION OF CLINICAL EDUCATOR COMPETENCE**  
**The University of Memphis**

The following are five areas of competency and suggested skills for clinical faculty that are to be used as a guide for the semester evaluation.

**PREPARATION/ORGANIZATION**

- Discusses specifically his/her expectations of the student at the beginning of the semester
- Discusses working folders and available information about the client at the beginning of the semester or prior to the evaluation
- Plans and maintains conference times throughout the semester
- Uses conference time effectively
- Demonstrates an understanding of the client's needs

**INSTRUCTIONAL SKILLS**

- Assists in determining clinical goals and objectives
- Assists in developing and refining diagnostic and assessment skills
- Assists in developing behavior management skills
- Assists in developing and refining therapy skills
- Assists in observing and analyzing assessment and treatment sessions
- Assists in developing student clinician's self-evaluation of his/her clinical performance
- Encourages collaborative identification of the student clinician's clinical strengths and weaknesses
- Encourages and aids the student clinician to relate academic work to therapy and assessment situations
- Provides appropriate demonstration of testing/therapy procedures
- Provides appropriate demonstration of communicating with clients and families
- Provides guidance about resources (e.g., articles, materials, tests, videos)
- Shares own clinical experience and knowledge
- Encourages independence
- Provides prompt, specific and constructive feedback
- Provides instruction on data collection

**REPORTING**

- Assists in developing skills in oral reporting
- Assists in developing skills in written reporting and editing
- Assists in the development and maintenance of clinical records
- Returns written material in an established time frame
- Provides clear and constructive feedback on written material

## **PROFESSIONAL**

- Models and facilitates professional conduct
- Shares information regarding ethical (including confidentiality), legal, regulatory and reimbursement aspects of professional practice
- Demonstrates/shares knowledge of current clinical research/literature
- Demonstrates/shares knowledge of current supervisory research/literature
- Encourages participation in professional organizations/activities
- Demonstrates enthusiasm for the profession and the clients serve

## **INTERPERSONAL**

- Shows genuine concern for the client as a person
- Establishes an environment for learning based on openness, honesty, and trust
- Establishes and maintains an effective working relationship
- Works collaboratively with the supervisee
- Is open to suggestions and listens to the supervisee
- Addresses issues as they arise
- Identifies strengths and weaknesses in a constructive way and provides positive feedback
- Employs language conducive to facilitating independent thinking and problem solving by the student clinician
- Listens openly and respectfully to student's perceptions, opinions and rationales
- Listens openly to student's feelings and concerns
- Shares personal self (feelings, mistakes, goals, etc.) as appropriate
- Requests and encourages feedback about the supervisory process
- Is open to new avenues of thought
- Interacts with the supervisee in planning, executing, and analyzing conferences
- Facilitates the student's learning and development of interpersonal skills
- Respects the student's time regarding clinical and academic commitments
- Employs a sense of humor freely and appropriately
- Communicates expectations clearly

Adapted from: Tihen, L.D., Expectations of student speech-language clinicians during their clinical practicum. American Speech-Language-Hearing Association (1985). Clinical Supervision in speech-language-pathology and audiology. Position statement. ASHA, 27, (6) 57-60. In house survey and collaboration of students and faculty in the School of Communication Sciences and Disorders at The University of Memphis, draft 2/19/97.

## Clinical Competencies for SLP Students to be CF Ready

Items included in the assessment of competencies are based on the Standards for Certification in Speech-Language Pathology by the American Speech-Language-Hearing Association (2016); The CAA Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology (2017); the W-PAC (1974); and the input from the SLP clinical faculty at the University of Memphis. Items in italics refer to areas believed to be particularly important. Items that are specifically listed in the ASHA Certification Standards (2016) are referenced.

### **EVALUATIONV-B.1:**

*The ratings for the screening section will be made according to the semester the student has the experience. The same will apply to the first and second semesters for the remaining sections. Therefore the first description is for both the first and second semesters depending on the semester of the student.*

#### **1. Conducts screening (1.a.)**

- a. Hearing screenings

Administers hearing screening (including conditioning) independently to individual client. Records responses accurately and demonstrates knowledge of pass/fail criteria.

- b. Speech and language screenings

Administers speech/language screening. Records responses accurately. Demonstrates knowledge of pass/fail criteria and makes appropriate referrals with minimal assistance.

#### **2. Prepares for the diagnostic evaluation or other assessment activity.**

- a. Reviews and interprets background information
- b. Selects appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests and instrumental procedures (1.c.) and supports selection with knowledge of evidence-based practice
- c. Can explain the rationale for the selection of the chosen test measures and procedures (e.g. awareness of culture, gender, age, etc.)
- d. Prepares the clinical questions to be answered by the evaluation (e.g. interview questions, areas to assess)

1 <sup>st</sup> or 2 <sup>nd</sup> semester depending on assignment	3rd	4th	CF
Reviews background information and asks the supervisor questions regarding unclear areas. Suggests diagnostic tools to assess clients similar to past experience and attempts rationale for selection.  Administers tests according to protocol. Prepares case history questions based on available information. Suggests clinical questions to be answered by evaluation.	Suggests clinical questions based on review and interpretation of background information (a & d). Provides a rationale for the selection of diagnostic tools. May need supervisory suggestions for unusual cases or to expand assessment repertoire (b & c).	Prepares for the evaluation /assessment including “a” through “d” with cases similar to past experience and seeks supervisory confirmation.	Prepares for the evaluation /assessment including “a” through “d” with a wide variety of cases and seeks supervisory consultation.

#### **3. Conducts the clinical interview.**

- a. Collects case history information and integrates information from individuals served, and other professionals (1.b.)
- b. Organizes and conducts the interview in a sequential manner to insure a natural flow of communication
- c. Demonstrates sensitivity **and skill** in the clinical interview

- d. Identifies the impact of his/her own set of cultural and linguistic variables

1 <sup>st</sup> or 2 <sup>nd</sup> semester depending on assignment	3rd	4th	CF
Collects basic case history information and requires assistance in integrating information from individuals served for follow-up questions (a). Plans an organized sequential interview and requires supervisory assistance to maintain a natural flow (b). Demonstrates sensitivity to individuals served (c).	Attempts to integrate information from individuals served and maintain a flow in the interview (a & b). Begins to ask questions as they arise in the interview. Requires assistance in obtaining missing information or to pursue unexpected topics.	Integrates information from individuals served and asks questions based on response of individuals served (a & b). Adjusts line of questioning with minimal supervisory support (b).	Conducts the clinical interview (a, b, & c) with minimal need for additional supervisory questions or comments.

#### 4. Conducts the diagnostic assessment.

- a. Administers appropriate evaluation procedures, such as behavioral observations, nonstandardized assessment and standardized tests and instrumental procedures (1.c.)
- b. *Adapts evaluation procedures to meet the client/parent needs (1.d.) (considers culture, physical limitations and behavior)*
- c. Sequences tests based on background data, behavioral observations and medical information to insure optimal results

1 <sup>st</sup> or 2 <sup>nd</sup> semester depending on assignment	3rd	4th	CF
Administers evaluation procedures to include behavioral observations and standardized tests appropriately (a). Implements supervisor's suggested adaptations (b). Proposes sequence of tests based on observations and information available, and may require supervisory adjustment.	Begins to adapt evaluation procedures (to include nonstandardized tests) to meet the needs of individuals served. Uses instrumental procedures as appropriate with maximal assistance. Proposes appropriate sequence of tests based on observations and information available.	Adapts evaluation procedures to meet the needs of individuals served. Uses instrumental procedures as appropriate with minimal assistance. Sequences tests based on observations and information available. Supervisory support intermittently required.	Conducts the diagnostic assessment independently (a, b, & c). Seeks supervisory input in unusual cases or cases that require instrumental procedures.

#### 5. Evaluates the information learned during the assessment session.

- a. *Scores, interprets, integrates, and synthesizes all information to develop diagnoses (with severity rating) and make appropriate recommendations for intervention (considering prognosis and duration) (1.e.) (including cultural diversity/differences)*
- b. Relates results to functional outcomes and theoretical principles
- c. Considers eligibility criteria (e.g. IDEA, TEIS, and Medicare) and refers clients/patients for appropriate services (1.g.)
- d. Uses valid scientific and clinical evidence in decision-making regarding assessment

1 <sup>st</sup> or 2 <sup>nd</sup> semester depending on assignment	3rd	4th	CF
Scores tests accurately. Begins to formulate a diagnosis, identify prognostic indicators and make recommendations for intervention. Recognizes the need for a referral. Shows awareness that cultural diversity may affect test scores.	Formulates a diagnosis and prognosis and makes recommendations with moderate assistance. Distinguishes between disorder and difference with minimal assistance. Begins to consider eligibility criteria and suggests possible referral sources.	Interprets, integrates, and synthesizes information to develop diagnoses, prognosis and makes appropriate recommendations with minimal assistance. Distinguishes between disorder and difference. Discusses eligibility criteria and suggests referral sources with minimal assistance.	Evaluates the information independently and continues to require supervisory confirmation for diagnosis, prognosis, referrals and recommendations (a, b, & c).

## INTERVENTION V-B. 2:

1. In collaboration with individuals served, develops appropriate intervention plans with measurable and achievable goals that meet client's/patient's needs (2.a.)
  - a. Considers diagnostic evaluation and/or previous treatment data and progress
  - b. Considers functional outcomes and discharge criteria/plan
  - c. Creates an appropriate intervention plan including length of session, frequency, duration and type
  - d. Uses valid scientific and clinical evidence in decision-making regarding intervention
  - e. Accesses sources of information to support clinical decisions regarding intervention/management
  - f. Critically evaluates information sources and applies that information to appropriate populations
  - g. Integrates evidence in provision of services
  - h. Supports intervention plan with knowledge, theory, preferred practice patterns, sound professional judgement, and efficacy studies

1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
Requires supervisory assistance to apply available information, develop functional outcomes, and create a plan (a, b, & c). Reads supporting evidence and relates it to the plan (d).	Independently reviews available information, attempts to interpret, drafts a plan with supporting evidence, and prepares to discuss with supervisor. Determines when to discharge and makes appropriate recommendations for follow-up with moderate input from supervisor.	Accurately interprets available information, creates a plan with supporting evidence, and reviews with supervisor.	Independently interprets available information, finds supporting evidence, creates a plan, and seeks confirmation from supervisor. Determines when to discharge and makes appropriate recommendations for follow-up with minimal input from supervisor.	Consistently interprets and applies available information, develops functional outcomes, and creates a plan and seeks guidance as appropriate. Develops discharge plan, determines when to discharge, and makes appropriate recommendations for follow-up with consultation as needed.

2. Selects or develops appropriate activities, materials, and instrumentation for intervention (2.c.)
  - a. Identifies activities and materials appropriate in helping the client/patient achieve the goals
  - b. Identifies instrumentation appropriate in helping the client/patient achieve the goals

1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
Selects effective and appropriate activities for basic goals with minimal guidance. Requires moderate guidance to address complex goals and increase variety of activities. Selects effective and appropriate materials to address the goals with supervisory guidance as needed.	Selects effective and appropriate activities for more complex goals and a broader base of cases with minimal guidance. Creates materials with direction. Follows procedures for basic application of instrumentation (if applicable) with maximal supervisory guidance.	Creates effective and appropriate activities/materials to address goals with supervisory consultation. Selects effective and appropriate instrumentation (if applicable) to address the goals with moderate supervisory guidance.	Independently implements appropriate activities to address goals. Seeks consultation as needed. Selects effective and appropriate instrumentation (if applicable) to address the goals with minimal supervisory guidance.	Selects and uses effective and appropriate instrumentation to address the goals with supervisory consultation as needed.

**3. Implements intervention plans in cooperation with individuals served (2.b.)**

- a. Uses identified procedures, including modeling and cueing, appropriate in helping the client/patient achieve the goals
- b. Uses clinical judgement and self-reflection to enhance clinical reasoning
- c. Collaborates with individuals served to facilitate generalization and maintenance skills

1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
Effectively executes routine sessions and involves individuals served with moderate supervisory guidance.	Effectively executes the sessions and involves individuals served with minimal to moderate supervisory guidance, depending on the complexity of the case.	Effectively executes the sessions and involves individuals served with minimal supervisory guidance for complex cases.	Effectively executes the sessions and collaborates with individuals served. Seeks supervisory guidance for complex cases.	Independently and effectively executes the sessions and collaborates with individuals served. Seeks supervisory guidance as needed.

**4. Provides counseling and educational information regarding communication and swallowing disorders to individuals served**

- a. Provides educational information to individuals served about the disorders
- b. Provides counseling to individuals served regarding the adjustment to the communication disorder and its impact on daily living

1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
Educes individuals served about the disorder with demonstration and direct assistance from the supervisor.	Prepares educational information with supervisory input before or during delivery. Engages in basic counseling with significant input from supervisor.	Prepares educational information independently and seeks supervisory feedback before delivery. Engages in basic counseling seeking supervisory input for issues outside knowledge base and comfort level. Keeps supervisor informed of all counseling issues.	Seeks supervisory confirmation regarding independently prepared educational information. Begins to counsel in more complex situations seeking supervisory input for issues outside knowledge base and comfort level. Keeps supervisor informed of all counseling issues.	Seeks supervisory confirmation regarding independently prepared educational information. Counsels in complex situations seeking supervisory input for issues outside knowledge base and keeps supervisor informed of all counseling issues.

## **5. Measures and evaluates clients' performance and progress (2.d.)**

- a. Develops and uses concise system of data collection
- b. Uses data to determine progression of goals, verify progress, and make appropriate recommendations

1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
Uses concise system of data collection accurately. Makes initial attempt in progressing goals, verifying progress, and making basic recommendations for the specific case.	Makes initial attempt in progressing goals, verifying progress, and making basic recommendations applying knowledge from coursework and previous cases.	Attempts to develop data collection systems. Proposes new goals and recommendations based on data.	Independently uses data to determine progression of goals, verify progress, and make appropriate recommendations and seeks supervisory guidance when appropriate.	Develops appropriate systems of data collection. Independently uses data to determine progression of goals, verify progress, and make appropriate recommendations with supervisory confirmation.

## **6. Modifies intervention plans, strategies, materials, or instrumentation as appropriate, to meet the needs of client/patient (2.e.)**

- a. Demonstrates understanding of clinical task continua
- b. Makes decisions about the primary intervention plan and the inclusion of agents of intervention (e.g. clinician, family member, teacher, other) and determines modifications
- c. Identifies and refers clients/patients for services as appropriate (e.g. audiology, psychology, other educational staff) (2.g.)

1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
Implements modifications based on supervisor's suggestions. Obtains information on the clinical task continua from the supervisor. Creates intervention plan after discussion with supervisor.	Discusses clinical task continua, creates an intervention plan, and suggests role of individuals served and possible need for referral. Attempts modification of strategies and materials/ instrumentation during therapy and may require supervisory suggestions.	Proposes a plan that considers the level of the client, progression expected, role of individuals served and possible referrals. Modifies a variety of strategies and materials/ instrumentation to meet the client's needs and seeks supervisory feedback.	Independently modifies all aspects of the intervention plan, demonstrates an understanding of task continua, and makes suggestions for referrals in cases similar to previous experience and seeks supervisory feedback.	Independently modifies intervention plan, demonstrates an understanding of task continua, and makes suggestions for referrals for a broad range of cases and recognizes when to consult supervisor or other professionals.

## **7. Develops and Conducts Primary Prevention Activities**

- a. Conducts prevention procedures including prevention activities (1.a.)
  - b. Selects or develops appropriate materials for prevention activities (2.c.)
- yes     no

## **PROFESSIONAL INTERACTION: B**

### **1. Communicates effectively, recognizes the needs, values, preferred mode of communication, and cultural/linguistic background of individuals served (3.a.).**

- a. Employs the highest level of clinical integrity with each individual served, family members, caregivers, other service providers, students, other consumers, and payers
- b. Provides counseling regarding communication and swallowing disorders to individuals and families served (3.b.)
- c. Employs effective interpersonal communication skills, to include listening, attention, empathy, compassion, and verbal/nonverbal behavior, during interactions with each individual served
- d. Utilizes appropriate pragmatic skills

- e. Elicits and facilitates active interaction with individuals served and maintains a flow to the interaction. (Assumes responsibility for facilitating effective interaction)
- f. Validates the concerns of individuals served
- g. Encourages active involvement of the individual served in his or her own care
- h. Creates a therapeutic alliance with the individuals served based on honesty and trust
- i. Recognizes the needs and values of the individuals served (3.a.).
- j. Adjusts vocabulary when interacting with individuals served based on their preferred mode of communication, or cultural/linguistic/educational status to ensure the highest quality of care
- k. Understands the impact of his/her own set of cultural and linguistic variables on delivery of effective care. To include, but not limited to, age, ethnicity, linguistic background, national origin, race, religion, gender, and sexual orientation
- l. Can identify and understand the characteristics of the individuals served (e.g., age, demographics, cultural and linguistic diversity, educational history and status, medical history and status, cognitive status, and physical and sensory abilities) and how these characteristics relate to clinical services.
- m. Understands the impact of the cultural and linguistic variables of the individuals served on delivery of care.

1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
Utilizes basic pragmatic skills appropriate for professional interactions. Participates with supervisor in creating a therapeutic alliance with individuals served.	Demonstrates an awareness of the impact listening, verbal, and nonverbal behaviors have when communicating. Begins to monitor and modify these behaviors with supervisory feedback/ assistance. Adjusts vocabulary to meet the individual's level. Easily establishes a therapeutic alliance with the individuals served when working with familiar situations.	Recognizes the needs and values of the individuals served and attempts to validate their concerns with supervisory assistance.	Assumes responsibility for facilitating effective interaction. Asks for guidance when needed. Listens to and validates client's concerns with minimal guidance. Explains information using terminology appropriate to the audience.	Employs effective communication skills in emotional situations with minimal supervisory support. Facilitates interaction with relevant others with supervisory support. Engages individuals served in problem-solving activities.

## 2. Collaborates with colleagues and other professionals in case management (3. b.)

- a. Participates cooperatively and effectively as a team member
- b. Receives and discusses positive and constructive supervisory feedback with professionalism
- c. Demonstrates openness to new avenues of thought and suggestions related to planning and implementing intervention ideas and professional growth
- d. Initiates discussions related to clinical behavior and the potential for changes in clinical procedures and/or activities
- e. Consults and requests information or assistance from professionals when appropriate
- f. Recognizes and respects organizational structure
- g. Maintains a climate of mutual respect and shared values when communicating with clients, families, and interprofessional team colleagues to maximize care outcomes.
- h. Performs effectively in different interprofessional team roles to plan and deliver care centered on the individual served that is safe, timely, efficient, effective, and equitable
- i. Demonstrates an understanding of the importance of interdisciplinary/interprofessional coordination of services and interacts with providers from other disciplines and community resources to coordinate care effectively

1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
<p>Interacts collaboratively with team members (a). Attempts to implement supervisory suggestions (b). Demonstrates openness to suggestions related to intervention and professional growth (c). May need to be encouraged to ask for clarification about feedback (d &amp; e). Recognizes and respects the organizational order for suggesting ideas or expressing concerns (f).</p>	<p>Addresses supervisory feedback in a timely manner (b). Requests clarification of feedback with minimal encouragement. Provides feedback about the supervisory process with encouragement from the supervisor. May choose to seek assistance/advice outside of the supervisory relationship and does so in a professional manner.</p>	<p>Initiates discussions related to clinical behavior (d). Participates in the exchange of feedback with the supervisor giving and receiving both positive and constructive information. Seeks guidance when needed.</p>	<p>Addresses issues of concern as they arise with colleagues / supervisors. Seeks guidance when needed.</p>	<p>Collaborates with colleagues and other professionals in case management in a professional manner.</p>

**3. Demonstrates knowledge of standards of ethical conduct, and practices in a manner that is consistent with the ASHA Code of Ethics and the scope of practice documents in the profession and behaves professionally (V-B.3.d.)**

- a. Adheres to policies, procedures and codes of conduct and dress of the practicum/facility
- b. Respects the rules of confidentiality in accordance with HIPAA and FERPA, and appropriate representation
- c. Engages in self-evaluation to assess his/her clinical efficiency, knowledge, and skills, and identifies areas and strategies for improvement/modification
- d. Self-reflects to understand the effects of his/her actions and makes changes accordingly
- e. Demonstrates motivation, interest, curiosity, willingness to learn, dependability and acceptance of responsibility related to the profession
- j. Encourages individuals served to make use of opportunities of self-advocacy and personally participates in advocacy activities related to contemporary professional issues , and the rights of others to access speech-language pathology services
- k. Demonstrates an understanding of the scope of practice and the roles an SLP and individuals from other professions to appropriately assess and treat the needs of the individuals served.

1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
<p>Demonstrates familiarity with all information in the student handbook. Dresses appropriately, and acts professionally (a). Adheres to rules of confidentiality. Appropriately represents self to individuals served. Uses and cites references appropriately. Begins to demonstrate an understanding of own preferred learning style and to identify successes in clinic with supervisory assistance. Exhibits interest in expanding knowledge and skills.</p>	<p>Consults handbook before asking for clarification. Self identifies possible changes to enhance clinical outcomes with minimal assistance. Participates in an activity regarding current professional issues and relates how those issues impact clients.</p>	<p>Begins to identify potential areas of ethical dilemma and asks relevant questions regarding ethical issues. Self evaluates clinical changes and effective strategies. Demonstrates a responsibility to the individuals served over the preference of the clinical experience.</p>	<p>Transfers understanding of policies and procedures to other settings. Attempts to answer questions regarding ethical clinical practices. Performs self-critique regularly and independently, seeks feedback for confirmation and additional suggestions. Can relate IDEA laws and issues to clients and, with guidance, begin to advise/assist clients with school policies and the IEP process.</p>	<p>Applies the code of ethics to clinical and research practices. Engages in consultation with colleagues to improve clinical and professional skills. Discusses legislative avenues available regarding professional concerns and client advocacy.</p>

## **MANAGEMENT OF BEHAVIOR AND CLINICAL ENVIRONMENT:**

Creates and maintains a safe and productive learning environment

### **1. Management of Behavior**

- a. Maintains effective pacing during interaction with individuals served
- b. Defines limits and maintains on-task behaviors
- c. Uses consistent, discriminating, and specific feedback
- d. Develops behavior management strategies (including pro-active procedures) in a non-threatening, non-rejecting way
- e. Determines and maintains appropriate and effective reinforcement strategies, including type and schedule of reinforcement, to insure a productive session and that goals are addressed

1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
Carries out behavior management strategies after supervisory modeling and suggestions.	Identifies typical behaviors and carries out basic strategies. Requires supervisory modeling/ suggestions on pacing, limits, and feedback (a, b & c). Development of new strategies is emerging (d & e).	Identifies atypical behaviors and carries out strategies to manage an increased range of behaviors with supervisory suggestions for pacing, limits and feedback (a, b & c). Requires supervisory guidance to develop strategies (d & e).	Consistently manages behavior for pacing, limits and feedback (a, b, & c). Requires minimal guidance to develop strategies (d & e).	Manages a broad range of behavior independently and seeks supervisory input when needed.

### **2. Management of Clinical Environment**

- a. Maintains a neat and clean clinical environment including materials
- b. Considers environment to include positioning and orientation of the client and materials
- c. *Organizes the environment to insure maximum behavioral outcomes*

1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
Consistently keeps a neat and clean environment and returns materials. Needs reminders in typical therapy settings for positioning (b) and suggestions for organization (c).	Independent with typical therapy settings and requires guidance with more complex situations regarding positioning and organization of the environment.	Independently manages clinical environment across all settings.	Independently manages clinical environment across all settings	Independently manages clinical environment across all settings

## **ADMINISTRATIVE ACCOUNTABILITY:**

### **1. Completes administrative and reporting functions necessary to support evaluation (V-B)and intervention (V-B.2.f.)**

- a. Is timely with meetings and meets deadlines for paperwork
- b. Follows universal precautions
- c. Adheres to federal, state, and institutional regulations and policies that are related to services provided by speech-language pathologists. Completes appropriate paperwork according to the requirements of the institution
- d. Demonstrates an understanding of policies and procedures for scheduling, admission, discharge, and file management
- e. Understands the fiduciary responsibility for each individual served.

1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
Is timely, follows universal precautions and is aware of agency policies and procedures.	Consistently follows agency policies and procedures. Completes all paperwork with	Demonstrates a basic understanding of admission and discharge criteria.	Demonstrates an understanding of the eligibility and discharge criteria in	Understands and applies policies and procedures consistently across all settings

Fills in all sections of appropriate paperwork. Appropriately completes a chart audit.	supervisory guidance (f).	Seeks supervisory guidance (f).	other settings with supervisory guidance.	experienced.
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**2. Understands and respects needs of individuals served, models of service delivery, and cultures within organizations.**

- a. Demonstrates an understanding various models of delivery of speech-language pathology services (e.g. hospitals, private practice, education, etc.)
- b. Demonstrates and understanding of the health care and education landscape and how to facilitate access to services

**ORAL AND WRITTEN REPORTING (V-A):**

**1. Possesses skill in oral communication sufficient for entry into professional practice (IV-B) by demonstrating the speaking and listening ability necessary for effective clinical and professional interaction with individuals served and professionals**

- a. Utilizes clear speech, appropriate rate and volume, accurate grammar, and professional terminology during interactions
- b. Understands directives, concepts, and professional terminology used in professional interactions
- c. Organizes information presented to individuals served to maximize understanding
- d. Manages the reporting time to insure that all pertinent data is presented and the individuals served have adequate time for questions and clarification
- e. Demonstrates the ability to explain the ramifications of the problem, its implications, the level of severity, and recommendations to individuals served and professionals

1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
Utilizes clear speech, and appropriate rate, volume, and grammar. Uses and understands professional terminology commensurate with academic level (a & b). Organizes conference information with supervisory guidance.	Prepares information concerning client issues in an organized manner and collaborates with supervisor on final plan (c & e). Begins to consider reporting time (d). Conducts the majority of the conference and begins to listen in order to generate questions to gain additional information.	Plans and conducts oral reporting with minimal assistance (c & d). Additional guidance may be required when explaining more complex aspects of the problem (e). Spontaneously generates questions and pursues information pertinent to the case.	Organizes and modifies information within the conference session and adequately manages reporting time (c & d). Demonstrates the ability to explain the ramifications, implications, severity, and recommendations with guidance and additional comments from supervisor (e).	Demonstrates the speaking and listening ability necessary for effective clinical and professional interaction with individuals served and professionals.

**2. Possesses skill in written communication sufficient for entry into professional practice V-Aby demonstrating the ability to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence**

- a. Proofs for accuracy and grammatical correctness
- b. Delineates significant aspects of behavior to record
- c. Accurately reports results, and writes progress/SOAP notes according to the requirements of the practicum/agency
- d. Uses objective wording when describing behavior
- e. Organizes information in a logical manner and includes only relevant information
- f. Writes clear, concise, complete documents with professional wording
- g. Considers the reader of the written document when choosing vocabulary
- h. Uses universal/facility style and abbreviations appropriately

1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
<p>Proofreads for accuracy and grammatical correctness independently (a). Uses templates appropriately.</p> <p>Requires some assistance with comprehension and interpretation of reports.</p> <p>Significant guidance with professional wording and completeness (d, e, f &amp; g).</p>	<p>Demonstrates comprehension of SLP reports and may require guidance with the interpretation of reports from other disciplines.</p> <p>Requires moderate supervisory input regarding conciseness, completeness and professional wording of written documentation.</p>	<p>Delineates significant and relevant aspects of behavior to record and uses objective wording (b, d, &amp; e).</p>	<p>Requires minimal supervisory input regarding all written documentation (d-h). Follows outside agency's procedures for documentation (c).</p>	<p>Demonstrates the ability to comprehend reports from related disciplines. Writes diagnostic and treatment reports, plans, and professional correspondence with consultation.</p>

Standards for certification in Speech-language pathology by the American Speech-Language-Hearing Association. Retrieved February 25, 2018, from

*The Wisconsin Procedure for Appraisal for Clinical Competence W-PACC* by Shriberg, L.D., Filley, F.S., Hayes, D.M., Kwiathkowski, J., Schatz, J.A., Simmons, K.M., Smit, M.E., Department of Communicative Disorders, University of Wisconsin-Madison, 1974

## Clinical Competencies for AuD Students

### PROFESSIONALISM

#### **Preparation**

- Reviews client file, understands purpose of evaluation, discusses with supervisor.
- Independently constructs a clinic session plan
- Makes a reminder phone call to client at least 1-2 days prior to test session.
- Has booth, equipment, and paperwork set up and ready to begin at scheduled appointment time
- Leaves test suite/room cleaned up (including toys sanitized, fixtures cleaned, headphones and other test equipment sterilized as recommended in infectious disease control requirements)

#### **Self-Evaluation**

- Applies academic knowledge to clinical skills
- Able to assess own weaknesses and strengths
- Seeks supervisor feedback, accepts all feedback in a professional manner and incorporates feedback into clinic
- Respects confidentiality of all professional activities
- Requests assistance from supervisor and/or other professionals when appropriate

#### **Motivation**

- Is enthusiastic and motivated in the clinical setting
- Is open to new avenues of thought
- Shows a willingness to experiment with viable suggestions
- Generates ideas for change

#### **Interpersonal Skills**

- Maintains a professional manner and appearance appropriate for clinical setting and credibility at all times
- Shows genuine concern for the client as a person
- Demonstrates skill in active listening
- Creates an atmosphere of honesty and trust
- Assumes responsibility for facilitating effective interaction

#### **Timeliness**

- Is punctual for client and supervisor appointments
- Meets deadlines
- Follows through on assigned tasks

## **COUNSELING**

### **Active Listening**

- Utilizes “client centered” (listening and valuing orientation) approach to counseling
- Responds appropriately to client questions
- Addresses parent’s primary complaint/concern

### **Informational Counseling**

- Accurately categorizes and explains pure tone results, speech audiometry and immittance results and relates findings to client’s complaints
- Counsels effectively regarding client’s hearing aid experiences and expectations
- Knows the hearing aid procurement procedure and clearly explain financial aspects and ordering system
- Counsels in a clear, organized manner, in terms that are easily understood by the client
- Uses appropriate language level and everyday terminology in communication with family
- Interprets test battery correctly in explaining results to family; notes and resolves inconsistencies

### **Case Management**

- Develops knowledge of community contacts and referral sources
- Plans appropriate case management and follow-up, making appropriate recommendations (i.e.: hearing aid evaluation, medical referral, follow-up testing, etc.)
- Demonstrates competency in pediatric case management (e.g. frequency of hearing assessment, reasons for aggressive monitoring, etc.)
- Utilizes case history information and test results to make appropriate referrals
- Demonstrates familiarity with resources and agencies addressing the needs of children with hearing loss and/or other disabilities

## **DOCUMENTATION**

- Review Health Information Management (HIM) Procedure
- All reports are completed on Cerner and supervisor are notified of completion (within 48 hours, or 24 hours for PC-A)
- Terminology is appropriate for person/agency receiving report
- Reports and letters are free of typo’s and misspellings and grammatical errors and use correct report format
- Report content/information/test results are accurate, complete and concise
- Demonstrates ability to communicate pertinent information in report writing
- Reviews documents that need to be entered into Cerner prior to placing in scanning trays (FIN label in top right corner of every sheet to be scanned, forms are complete and accurate, etc.)

- Records all activity with client in file via Cerner (telephone calls, correspondence, summary of clinic sessions, etc.)
- Demonstrates responsibility for clinic session test results (keeps track of all test results, records test results on proper form(s), etc.)

## **OTOSCOPY/TYMPANOMETRY/ACOUSTIC REFLEX/DECAY**

### **Knowledge/Foundations of Practice**

- Recognizes conditions which preclude tympanometry and acoustic reflex testing
- Recognizes need to complete acoustic reflex decay procedure

### **Instructions**

- Informs client of procedure in clear, non-threatening manner
- Instructs parent regarding positioning of child and securing child for examination

### **Test Protocol**

- Notes indications of congenital anomalies/syndromes or surgical alteration of ear
- Detects conditions that can influence audiological testing
- Identifies landmarks of tympanic membrane
- Describes unusual appearance of ear or middle ear structures
- Evaluates ear geometry for the use of hearing aids and/or hearing protective devices
- Determines the integrity of the external auditory canal and tympanic membrane prior to taking ear impressions or performing caloric irrigation
- Chooses correct tip and can maintain acoustic seal throughout testing
- Modifies tympanometry and/or acoustic reflex measures appropriately for client needs (rate of pressure change during tympanometry, screening measurements, screening acoustic reflexes)
- Completes acoustic reflex decay procedure appropriately using contralateral stimulation

### **Use of Equipment**

- Demonstrates good positioning and manipulation of otoscope
- Demonstrates appropriate use of all otoscopic equipment including hand-held otoscopes and Video Otoscopy

### **Interpretation**

- Accurately judges presence/absence of acoustic reflexes
- Interprets tympanometry and acoustic reflex findings
- Able to relate results to other test findings
- Interprets results appropriately in relation to other test findings
- Recognizes high false positive rate associated with decay test procedure

### **Case Management**

- Notes indications for medical referral

- Determines need for cerumen removal

## **PURE TONE AND SPEECH AUDIOMETRY/MASKING/OAE's – PEDIATRICS**

### **Instructions**

- Gives precise instructions
- Uses appropriate vocal intensity for all client communications
- Formulates instruction modifications to meet client's needs

### **Test Protocol**

- Effectively relates to children of all ages/disorders
- Maintains control of child and session
- Chooses appropriate techniques based on child's developmental level
- Implements appropriate techniques (VRA, TROCA, BOA, PLAY) successfully (including conditioning)
- Modifies test procedures according to child's needs and abilities
- Communicates frequently with test assistant
- Demonstrates ability to complete speech recognition testing with pediatric materials (i.e. picture board, WIPI, NUCHIPS, etc.)
- Uses reinforcement effectively and appropriately
- Selects appropriate ear/startling level to begin test
- Selects appropriate stimulus/ list for SRT/WRS
- Uses proper procedures
  - Hughson-Westlake
  - 2 dB SRT or 5 dB SRT
- Knows when to use SAT
- Recognizes the need for masking (air, bone and speech)
- Selects appropriate ear to mask and correct starting level
- Completes masking using appropriate procedures in a timely manner
- Recognizes masking limitations (over/under/masking dilemma)
- Recognizes stimulus differences between distortion product otoacoustic emissions and transient otoacoustic emissions
- Able to enter patient data and select appropriate test configuration (includes understanding of relationship between F1 and F2, L1 and L2)

### **Use of Equipment**

- Demonstrates flexibility and familiarity with all audiometric equipment
- Demonstrates ability to work with child and/or test equipment effectively
- Efficiently uses all available equipment (CD, Tape, mic)
- Troubleshoots minor equipment breakdowns
- Selects appropriate probe tip size and places securely into the ear canal
- Operates equipment appropriately to complete test

### **Interpretation**

- Can critically observe and inform tester of behavioral responses of young children (i.e. eye shift)
- Assesses consistency between and among test results
- Recognizes conditions that affect interpretation of test results (for OAEs)
- Able to interpret OAE test results in relationship to other test findings

### **Case Management**

- Demonstrates competency in pediatric case management (i.e. frequency of assessment, reasons for aggressive monitoring, etc.)

### **Documentation**

- Obtains accurate and complete information in a timely manner
- Correctly calculates and records thresholds/scores on audiogram
- Utilizes appropriate data base transfer functions
- Understands the relationship between SAT and PT findings
- Assesses the SRT/PTA agreement

## **PURE TONE AND SPEECH AUDIOMETRY/MASKING/OAE's – ADULTS**

### **Instructions**

- Gives precise instructions
- Uses appropriate vocal intensity for all client communications
- Formulates instruction modifications to meet client's needs

### **Test Protocol**

- Selects appropriate ear/startling level to begin test
- Selects appropriate stimulus/ list for SRT/WRS
- Uses proper procedures
  - Hughson-Westlake
  - 2 dB SRT or 5 dB SRT
- Modifies pure tone procedure when appropriate to meet client needs
- Knows when to use SAT
- Recognizes the need for masking (air, bone and speech)
- Selects appropriate ear to mask and correct starting level
- Completes masking using appropriate procedures in a timely manner
- Recognizes masking limitations (over/under/masking dilemma)
- Uses reinforcement effectively and appropriately
- Recognizes stimulus differences between distortion product otoacoustic emissions and transient otoacoustic emissions
- Able to enter patient data and select appropriate test configuration (includes understanding of relationship between F1 and F2, L1 and L2)

### **Use of Equipment**

- Efficiently uses all available equipment (CD, Tape, mic)
- Troubleshoots minor equipment breakdowns

- Selects appropriate probe tip size and places securely into the ear canal
- Operates equipment appropriately to complete test

#### **Interpretation**

- Recognizes conditions that affect interpretation of test results (for OAEs)
- Able to interpret OAE test results in relationship to other test findings

#### **Documentation**

- Obtains accurate and complete information in a timely manner
- Correctly calculates and records thresholds/scores on audiogram
- Utilizes appropriate data base transfer functions
- Understands the relationship between SAT and PT findings
- Assesses the SRT/PTA agreement

### **SPECIAL TESTS (STENGER/TONE DECAY/PIPB FUNCTION) and TINNITUS**

#### **Knowledge/Foundations of Practice**

- Recognizes need to complete procedure
- Identifies sufferers of objective versus subjective tinnitus
  - Psychological
  - Physiological (disease process, site/types of tinnitus)
- Identifies medications that have side effects causing temporary or long-term tinnitus symptoms

#### **Test Protocol**

- Identifies specific procedure for use of Tone Decay (Hood, Carhart, Rosenberg Modification of the Carhart)
- Completes Tone Decay procedure accurately
- Completes Stenger test using pure tone stimuli
- Completes Stenger test using speech stimuli
- Uses appropriate tinnitus matching techniques

#### **Interpretation**

- Interprets results appropriately and relates to other test findings

#### **Case Management**

- Counsels tinnitus sufferers and/or make appropriate referrals for
  - Rehabilitation (relaxation therapy or support groups)
  - Medical devices that offer relief (maskers, H.A.)
  - Medical treatments which are used to alleviate symptoms

#### **Documentation**

- Records test results accurately

## **PREVENTION AND IDENTIFICATION**

### **Hearing Screening (Neonatal)**

- Demonstrates understanding of the purpose of neonatal screening
- Operates basic screening equipment
- Chooses appropriate tip size and maintains adequate probe fit for OAE screening
- Places electrodes and ear couplers for AABR screening
- Demonstrates knowledge of pass/fail criteria
- Recognizes conditions that affect interpretation of test results
- Counsels parents regarding test purpose and results

### **Hearing Screening (Children)**

- Determines situations where screening for hearing impairment is desirable
- Determines appropriate setting and procedure to be used, based upon developmental level of the children to be screened, as well as ASHA guidelines (1997) and state regulations
- Obtains informed parental/legal guardian permission
- Conducts screening in a manner congruent with appropriate infection control and universal precautions
- Conducts screening in a clinical or natural environment, with minimal visual and auditory distractions
- Conducts screening with ambient noise levels sufficiently low to allow for accurate screening
- Conducts pure tone screening at appropriate frequencies/intensity
- Demonstrates knowledge of pass/fail criteria
- Determines appropriate referral/rescreen/recommendations
- Communicates promptly with parents/caretakers purpose and results of screening
- Documents results

### **Hearing Screening (Adults)**

- Obtains case history
- Conducts an otoscopic or video-otoscopic inspection
- Conducts pure tone screening at appropriate frequencies/intensity
- Demonstrates use of a reliable and valid measure of hearing disability
- Conducts screening in a manner consistent with infection control and universal precautions
- Conducts screening in an environment where ambient noise levels are sufficiently low to permit accurate measurements
- Demonstrates knowledge of pass/fail criteria
- Documents results
- Counsels client regarding purpose and results of screening

### **Middle Ear Screening (Children)**

- Determines situations where screening for outer and middle ear disorders is desirable
- Obtains informed parental/legal guardian permission

- Obtains case history
- Conducts visual inspection of outer and middle ear
- Performs tympanometry
- Conducts screening in a manner consistent with infection control and universal precautions
- Demonstrates knowledge of pass/fail criteria
- Determines appropriate referral/rescreen/recommendations
- Communicates promptly with parents/caretakers purpose and results of screening
- Documents results

### **Middle Ear Screening (Adults)**

- Determines situations where screening for outer and middle ear disorders is desirable
- Obtains case history
- Conducts visual inspection of outer and middle ear
- Performs tympanometry
- Conducts screening in a manner consistent with infection control and universal precautions
- Demonstrates knowledge of pass/fail criteria
- Determines appropriate referral/rescreen/recommendations
- Communicates promptly the purpose and results of screening
- Documents results

### **Hearing Conservation**

- Demonstrates familiarity with all applicable regulations, specifically:
  - OSHA Regulations
  - Department of Transportation
- Demonstrates understanding of the necessary parts of an industrial/occupational hearing conservation program
- Demonstrates understanding of basic Occupational Hearing Conservation (OHC) terminology (e.g., noise dose, Time Weighted Average [TWA], noise reduction rating [NRR], C-weighted, A-weighted, Sound Level Meter [SLM], impulse noise, standard threshold shift [STS])
- Understands and can demonstrate knowledge and familiarity with different types of hearing protection devices including the pro's and cons of each
- Understands the exchange rate and how to use it
- Can compute noise exposure and convert from dose to 8 hr. TWA
- Understands what is necessary for a referral in relation to a baseline audiogram and STS
- Demonstrates good understanding of allowable dB levels and when to implement program, and monitoring vs. when to begin wearing hearing protection
- Demonstrates ability to make sound level measurements on-site proficiently and accurately
- Proficiently estimates adequacy of hearing protection attenuation
- Demonstrates the ability to effectively counsel employers on necessary changes to help solve problems

- Demonstrates the ability to effectively counsel employees on the importance of hearing conservation in the work place and in their personal lives
- Demonstrates familiarity with resources to obtain pamphlets/booklets related to hearing conservation
- Demonstrates ability to conduct safety meetings in places of employment and appropriately disseminate all necessary information regarding a hearing conservation program

## **AURAL (RE)HABILITATION**

### **Preparation**

- Selects and administers appropriate parent/self –report (hearing handicap) measures
- Plans aural (re)habilitation program to meet needs of their clients (adjusting to hearing aids, development of communication strategies/skills)
- Develops basic signing vocabulary appropriate for situation (tx, dx)

### **Counseling**

- Performs personal adjustment counseling (related to communication, prognosis, hearing loss)
- Counsels families re: educational options, cochlear implants, deaf culture, prognosis, communication system
- Demonstrates use of reinforcement and behavior management techniques (setting limits)
- Facilitates an adult/parent group, including demonstrating ability to actively listen to clients and modify discussion as a result

### **Interpretation**

- Assesses disability of the client (e.g. hearing in noise, HHIE, SPIN, MnCDI)
- Assesses effect of disability on family/significant others
- Contributes to IFSP/IEP planning by discussing interpretation of audiological results, educational options, legal issues, communication systems
- Understands relationship of degree of hearing loss to psychosocial impact (and educational needs, if child)
- Assesses client's present listening abilities (e.g. detection, discrimination)

### **Case Management**

- Develops and implements a system for measuring and monitoring outcomes and the appropriateness and efficacy of intervention

## **AMPLIFICATION - ADULTS**

### **Preparation**

- Reviews file to obtain aid history (include warranty and repair status)

### **Test Protocol**

- Performs a thorough listening check of hearing aid

- Cleans hearing aid and earmold
- Completes electroacoustic hearing aid analysis
- Completes ear impression independently
- Utilizes various prescriptions (NAL, NAL-R, DSL, FIG6) effectively and at appropriate times
- Utilizes appropriate speakers, azimuth, correction factors and stimuli for aided sound field testing
- Plugs and muffs non-test ear in aided tests
- Develops competency with NOAH and hearing aid set-ups within NOAH
- Develops familiarity with hearing aid verification measures and outcome measures (APHAB, SADL, HHIE, IHAFF verification)
- Modifies hearing aid settings using potentiometers or computer program, with and without real ear measures

### **Troubleshooting**

- Troubleshoots hearing aids based on client complaints
- Troubleshoots hearing aid malfunctions

### **Interpretation**

- Judges quality of impression
- Selects appropriate hearing aids for demonstration based on client preferences and needs

### **Counseling**

- Explains/discusses care and use of hearing aid(s)

### **Documentation**

- Completes all necessary paperwork, order forms and mailing labels for hearing aid repairs or orders

## **AMPLIFICATION – CHILDREN**

### **Knowledge/Foundations of Practice**

- Demonstrates the ability to assess the physical fit of the hearing aids and earmolds for comfort and retention on pediatric clients, including earmold modifications
- Demonstrates ability to choose appropriate prescriptive method
- Demonstrates thorough understanding of different prescriptive methods for providing target values for pediatric clients

### **Test Protocol**

- Demonstrates proficiency in the evaluation of the need for and selection of hearing aids, FM systems, cochlear implants, vibrotactile devices, and other hearing assistance technology.
- Demonstrates proficiency in making ear impressions on infants and children
- Demonstrates understanding of coupling options on hearing aids to provide pediatrics with maximum flexibility for accessing the current forms of assistive device technology (DAI, Telecoil, Mic-T-coil switch, etc.)

- Demonstrates understanding of sound pressure levels in infants and young children's ears vs. adults, and external ear canal resonance characteristics.
- Demonstrates ability to perform probe microphone measurements on pediatric clients
- Understands purpose of validating aided auditory function and demonstrates competency in obtaining such
- Demonstrates competency in pediatric case management (e.g. frequency of hearing aid assessment, etc.)

## **AMPLIFICATION - ASSISTIVE LISTENING DEVICES**

### **Test Protocol**

- Determines a client's listening needs based on information from questionnaire or discussion with client
- Determines when an ALD is indicated
- Selects appropriate listening devices based on client's communication needs

### **Counseling**

- Demonstrates the use of various signaling/alerting devices (i.e., wake-up alarms, telephone/doorbell signalers, emergency warning devices)
- Demonstrates the use of various ALDs for individual, small groups, telephone/television/radio, classroom situations (i.e.: induction loops, wireless FM systems, infrared systems, closed captioning for TV, telephone amplifiers, TTY)

## **ON-CALL**

### **Professionalism**

- Is attentive to the on-call process (checks the box as scheduled)
- Communicates appropriately with others involved in on-call
- Works well as a team member

### **Diagnostic Skills**

- Reviews file for each case seen or each aid handled
- Makes appropriate decisions regarding case management and follow-up
- Troubleshoots aid
- Completes electroacoustic analysis
- Makes accurate ear impressions
- Accurately programs digital and analog aids thru NOAH when necessary (uses correct cables, prints updated programming sheet, etc.)

### **Counseling**

- Effectively counsels client

### **Documentation**

- Completes paperwork/leaves file in order
- Keeps precise and accurate progress notes via Cerner.

## **AUDITORY PROCESSING DISORDERS**

### **Knowledge/Foundations of Practice**

- Identifies the need for APD testing
- Demonstrates ability to identify appropriate tests for age of client

### **Test Protocol**

- Demonstrates ability to score all tests performed
- Demonstrates ability to perform various test procedures in an efficient manner
- Demonstrates ability to perform neurodiagnostic ABR and analyze wave forms

### **Interpretation**

- Demonstrates ability to assess test results and form a determination of processing problem(s)
- Assesses consistency between and among test results

### **Management**

- Demonstrates ability to discuss test results with client and/or parent
- Makes appropriate recommendations based on test results and client's needs/problems
- Demonstrates knowledge of local resources and referral sites

## **ELECTROPHYSIOLOGIC TESTING (ABR, ECochG, IOM/VESTIBULAR)**

### **ELECTROCOCHLEOGRAPHY**

#### **Knowledge/Foundations of Practice**

- Demonstrates knowledge of EcochG instrumentation and equipment
- Demonstrates knowledge of supplies, materials, and electrodes used in evoked potential tests

#### **Test Protocol**

- Completes evaluation with repeatable waveforms and makes appropriate protocol decisions

#### **Interpretation**

- Identifies effects of stimulus factors influencing EcochG
- Understands effects of patient factors
- Identifies different types of electrodes, their placement, and the effect they have on the waveform
- Recognizes normal and abnormal waveform morphology
- Identifies and selects appropriate baseline, SP and AP shoulders
- Determines SP/AP ratio based on latency, type of stimulus, rate of stimulus and/or hearing loss
- Demonstrates ability to compute ratios, determine if SP/AP ratio is elevated, and relate it to other test data

In addition to the wide variety of clinical experiences available at the **Memphis Speech and Hearing Center** on a daily basis, students also may gain experiences in the following programs:

## **Special MSHC Programs**

- Adult Aural Rehabilitation
- Adult Fluency Program
- Adult Neurogenic Communication Disorders Program
- Adult Services for Standard English Training (ASSET)
- Aphasia Bootcamp
- Auditory Evoked Potential Testing
- Auditory Processing Disorders
- Augmentative and Alternative Communication (AAC)
- Child Aural Rehabilitation
- Child Fluency Program
- Cochlear Implants
- Community Based Speech, Language, and Hearing Screenings
- Early Hearing Testing
- Gender Affirming Voice Therapy
- Hearing Aid Fitting and Assistive Listening Device Counseling
- Language-based literacy program
- Language Learning Lab (LLL)
- Parent-Infant Program for Children who have hearing losses
- Social Stories
- Swallowing and Feeding Disorders
- Tiger PALS (preschoolers acquiring language skills)
- Voice Assessment and Treatment

## **Clinical Practicum Sites (Other than MSHC)**

- Baptist Hospital East
- Baptist Memorial Hospital – DeSoto
- Baptist Rehab – Germantown
- Bartlett City Schools
- DeSoto County Schools
- DeSoto Healthcare Center
- Encompass Health – Central
- Encompass Health - North
- ENT Consultants of North Mississippi
- Germantown Municipal Schools
- Hearing and Balance Centers of West Tennessee
- Jackson-Madison County General Hospital

- Lakeland School District
- Le Bonheur Children's Hospital
- Le Bonheur Early Intervention and Development
- Le Bonheur Rehab
- Libertas School of Memphis
- Memphis Audiology
- Memphis Family Connection Center
- Memphis Hearing Aid and Audiological Services
- Memphis Oral School for the Deaf
- Memphis Shelby County Schools
- Memphis VA Medical Center
- Methodist Hospital – Germantown
- Methodist Hospital – Olive Branch
- Methodist Medical Group Otolaryngology
- Methodist North Hospital
- Methodist South Hospital
- Methodist University Hospital
- Mid-South Ear, Nose and Throat, P.C.
- Millington Healthcare Center
- Power of Words Therapy Services, LLC
- Regional One Medical Center
- SRVS
- St. Jude
- Thrive Hearing & Tinnitus Solutions
- UT Boling Center for Developmental Disabilities
- UT Methodist Physicians
- West Cancer Center
- West Tennessee School for the Deaf
- Words for Life Speech and Language Center, LLC

## **AUDITORY BRAINSTEM RESPONSE**

### **Knowledge/Foundations of Practice**

- Demonstrates knowledge of ABR instrumentation and equipment
- Demonstrates knowledge of supplies, materials, and electrodes used in evoked potential tests
- Demonstrates knowledge of effects of recording factors
- Understands effects of patient factors
- Demonstrates knowledge of frequency-specific stimuli

### **Test Protocol**

- Completes threshold ABR with appropriate protocol decisions
- Completes neurological ABR with appropriate protocol decisions

### **Interpretation**

- Recognizes normal and abnormal waveform morphology
- Selects wave peaks appropriately
- Estimates degree of hearing loss based on latency and threshold measures when compared with normative data
- Able to interpret test results and relate to other test findings
- Demonstrates knowledge of effect of transducer type on ABR recording (TDH phone, insert phone, bone vibrator)
- Identifies effects of stimulus factors influencing ABR

## **COCHLEAR IMPLANTS**

### **Knowledge/Foundations of Practice**

- Demonstrates knowledge of selection criteria for cochlear implant candidates
- Demonstrates knowledge of different expectations for different populations implanted (i.e. young child vs. post linguistically deaf adult)
- Demonstrates knowledge of history and development of speech processing strategies currently in use
- Demonstrates knowledge of how cochlear implant works
- Demonstrates knowledge of electrode placement/operation (divided according to frequency bands, etc.)

### **Test Protocol**

- Demonstrates ability to find threshold for electrical stimulation and CLL (Comfortable Loudness Level)
- Demonstrates consistent ability to program one manufacturer's cochlear implant device
- Demonstrates ability to perform electrically evoked potentials with cochlear implants (EABR, EMLR, neural response telemetry)

**EVALUATION OF SLP STUDENTS – EXTERNAL SITES**

**THE UNIVERSITY OF MEMPHIS**  
**Administered on Typhon**

External site supervisors enter the evaluation of a student's clinical skills into the Typhon system at the end of each semester. There are six forms of evaluation.

1. Evaluation of Clinical Skills (1<sup>st</sup> Semester)
2. Evaluation of Clinical Skills (2<sup>nd</sup> Semester)
3. Evaluation of Clinical Skills (3<sup>rd</sup> Semester)
4. Evaluation of Clinical Skills (4<sup>th</sup> Semester)
5. Evaluation of Clinical Skills (5<sup>th</sup> Semester)
6. Competency by Disorder and Age

**EVALUATIONS & SURVEYS**

The following evaluations and surveys can be completed by you. Click on a link to begin:

- [Competency by Disorder and Age \(All students\)](#)
  - [Begin new evaluation of \[REDACTED\]](#)
- [Evaluation of Clinical Skills \(1st Semester Stud.\)](#)
  - [Begin new evaluation](#)
- [Evaluation of Clinical Skills \(2nd Semester Stud.\)](#)
  - [Begin new evaluation](#)
- [Evaluation of Clinical Skills \(3rd Semester Stud.\)](#)
  - [Begin new evaluation](#)
- [Evaluation of Clinical Skills \(4th Semester Stud.\)](#)
  - [Begin new evaluation of \[REDACTED\]](#)
  - [Begin new evaluation not listed above](#)

One evaluation for each semester of study and a Competency by Disorder and Age evaluation that all educators complete. The clinic director sends an electronic invitation to the supervisor for the appropriate evaluation tool for each student assigned. Each evaluation assesses skills in evaluation, intervention, professional interaction, management of behavior and clinical environment, and oral and written reporting. The evaluations follow the Clinical Competencies for SLP Students to be CF Ready Rubric (Appendix A).

There are differences between the format of these evaluations and the ones used by the CSD clinical faculty in Student Competencies and Grading System (SCAGS).

- The Typhon version lists only the expected level of skill for each area assessed.
- The external supervisor designates whether that skill is below expectation, slightly below expectation, meets expectation, slightly above expectation, or above expectation.
- The supervisor enters a comment to provide a narrative/example of the skill.
- A comment is required if the rating is below or above expectation
- The clinic director transfers the ratings from Typhon to SCAGS to generate the final grade

## 2 EVALUATION

Prepares for the diagnostic evaluation or other assessment activity

**Expected Level:** Reviews background information and asks the supervisor questions regarding unclear areas. Suggests diagnostic tools to assess clients similar to past experience and attempts rationale for selection. Administers tests according to protocol. Prepares case history questions based on available information. Suggests clinical questions to be answered by evaluation.

Below Expectation	Slightly Below Expectation	Expected Level	Slightly Above Expectation	Above Expectation	N/A
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a. Reviews and interprets background information

Comment:

b. Selects appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests and instrumental procedures

Comment:

c. Can explain the rationale for the selection of the chosen test measures and procedures (e.g. awareness of culture, gender, age, parental, client, schools, etc.)

Comment:

d. Prepares the clinical questions to be answered by the evaluation (e.g. interview questions, areas to assess)

Comment:

<https://www.typhongroup.net/eval/create/preview.asp?survey=14435&facility=9061>

Example of Evaluation from Clinical Skills (1<sup>st</sup> Semester)

## SKILLS BY DISORDER

Please check the student's level of performance for each disorder area and age group that you observed them work with this semester in the domains of prevention, evaluation, and intervention. The three point scale suggests three levels of accomplishment: "1" minimal experience and in need of more; "2" skills are emerging; and "3" skills are at a level to begin the CF experience. The goal is to have the student "CF Ready" by the time of graduation. Not all areas require the "3" rating for the student to graduate. Complete the form as you see the student at the end of their experience with you this semester.

	Prevention			Evaluation			Intervention		
	1	2	3	1	2	3	1	2	3
<b>Articulation</b>									
Child	○	○	○	○	○	○	○	○	○
Adult	○	○	○	○	○	○	○	○	○
<b>Fluency</b>									
Child	○	○	○	○	○	○	○	○	○
Adult	○	○	○	○	○	○	○	○	○
<b>Voice &amp; Resonance</b>									
Child	○	○	○	○	○	○	○	○	○
Adult	○	○	○	○	○	○	○	○	○
<b>Expressive &amp; Receptive Language</b>									
Child	○	○	○	○	○	○	○	○	○
Adult	○	○	○	○	○	○	○	○	○
<b>Hearing</b>									
Child	○	○	○	○	○	○	○	○	○
Adult	○	○	○	○	○	○	○	○	○
<b>Swallowing</b>									
Child	○	○	○	○	○	○	○	○	○
Adult	○	○	○	○	○	○	○	○	○
<b>Cognitive Aspects of Communication</b>									
Child	○	○	○	○	○	○	○	○	○
Adult	○	○	○	○	○	○	○	○	○
<b>Social Aspects of Communication</b>									
Child	○	○	○	○	○	○	○	○	○
Adult	○	○	○	○	○	○	○	○	○
<b>Communication Modalities</b>									
Child	○	○	○	○	○	○	○	○	○
Adult	○	○	○	○	○	○	○	○	○

**Speech-Language Pathology Knowledge and Skills within the Curriculum**  
**Council of Academic Accreditation (CAA) Standards**

	Academic Course Title and #	Clinical Course Title and #	Practicum Experience Title and #	Lab Title, # or Description	Research Title and # or Description	Other Title and # or Description
<b>3.1.1B PROFESSIONAL PRACTICE COMPETENCIES (Corresponds to aspects of ASHA Certification Standards IV-B, IV-C, IV-D, IV-F, V-A, V-B)</b>						
Accountability	7007 (Communicative Interaction)	7200 (Intro Clinic) 7208 (Clinical Experience SLP)	All clinical placements			Mid-South Conference on Communicative Disorders
Integrity	All academic courses require academic integrity	7200 (Intro Clinic) 7208 (Clinical Experience SLP)	All clinical placements			
Effective Communication Skills	7003 (Anat & Phys) 7005 (Lang Sample Analysis) 7006 (Nml Sp & Lng Dev) 7007 (Communicativ Interactn) 7010 (Neuro Bases) 7016 (Sociocultural Bases) 7113 (Rehabilitativ Aud) 7206 (Dev & Acq Motor Spch Dis) 7203 (Voice Disorders) 7204 (Artic and Phon Dis) 7205 (Fluency Disorders) 7209 (Dysphagia) 7212 (Autism) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC) 7505 (Intro to IPE/IPP)	7200 (Intro Clinic)  7208 (Clinical Experience SLP)	All clinical placements		7500 (Evaluating Research) 7990 (Special Projects) 7991 (Clin Research Colloquium)	Mid-South Conference on Communicative Disorders

	<b>Academic Course Title and #</b>	<b>Clinical Course Title and #</b>	<b>Practicum Experience Title and #</b>	<b>Lab Title, # or Description</b>	<b>Research Title and # or Description</b>	<b>Other Title and # or Description</b>
Clinical Reasoning	7005 (Lang Sample Analysis) 7006 (Nml Sp & Lng Dev) 7010 (Neuro Bases) 7016 (Sociocultural Bases) 7206 (Motor Speech Disorders) 7203 (Voice Disorders) 7204 (Artic and Phon Dis) 7205 (Fluency Disorders) 7207 (Clin Instrumentation) 7209 (Dysphagia) 7212 (Autism) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC) 7505 (Intro to IPE/IPP)	7200 (Intro Clinic) 7208 (Clinical Experience SLP)	Adult & Pediatric Diagnostics		7500 (Evaluating Research)	
Evidence-Based Practice	7006 (Nml Sp & Lng Dev) 7113 (Rehabilitativ Aud) 7206 (Dev & Acq Motor Spch Dis) 7203 (Voice Disorders) 7204 (Artic and Phon Dis) 7205 (Fluency Disorders) 7209 (Dysphagia) 7212 (Autism) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC) 7505 (Intro to IPE/IPP)	7200 (Intro Clinic) 7208 (Clinical Experience SLP)	All clinical placements		7500 (Evaluating Research) 7990 (Special Projects) 7991 (Clin Research Colloquium)	
Concern for Individual Served	7007 (Communicativ Interactn) 7016 (Sociocultural Bases) 7206 (Dev & Acq Motor Spch Dis) 7203 (Voice Disorders) 7204 (Artic and Phon Dis) 7205 (Fluency Disorders) 7209 (Dysphagia) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7308 (AAC) 7505 (Intro to IPE/IPP)	7200 (Intro Clinic) 7208 (Clinical Experience SLP)	All clinical placements		7500 (Evaluating Research)	

Cultural Competence	7005 (Lang Sample Analysis) 7006 (Nml Sp & Lng Dev)	7200 (Intro Clinic)	All clinical placements,			
	<b>Academic Course Title and #</b>	<b>Clinical Course Title and #</b>	<b>Practicum Experience Title and #</b>	<b>Lab Title, # or Description</b>	<b>Research Title and # or Description</b>	<b>Other Title and # or Description</b>
	7007 (Communicativ Interactn) 7016 (Sociocultural Bases) 7113 (Rehabilitativ Aud) 7206 (Dev & Acq Motor Spch Dis) 7203 (Voice Disorders) 7204 (Artic and Phon Dis) 7205 (Fluency Disorders) 7209 (Dysphagia) 7212 (Autism) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC) 7505 (Intro to IPE/IPP)	7208 (Clinical Experience SLP)	especially when working with interpreters and accent modification			
Professional Duty		7200 (Intro Clinic) 7208 (Clinical Experience SLP)				Mid-South Conference on Communicative Disorders
Collaborative Practice	7006 (Nml Sp & Lng Dev) 7007 (Communicativ Interactn) 7010 (Neuro Bases) 7206 (Dev & Acq Motor Spch Dis) 7203 (Voice Disorders) 7204 (Artic and Phon Dis) 7209 (Dysphagia) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7308 (AAC) 7505 (Intro to IPE/IPP)	7208 (Clinical Experience SLP)	AAC, Multi-Handicapped, Hospital, Long-Term Care, TBI, Autism			Mid-South Conference on Communicative Disorders

	Academic Course Title and #	Clinical Course Title and #	Practicum Experience Title and #	Lab Title, # or Description	Research Title and # or Description	Other Title and # or Description
<b>3.1.2B FOUNDATIONS OF SPEECH-LANGUAGE PATHOLOGY PRACTICE (Corresponds to aspects of ASHA Certification Standards IV-B, IV-C, V-B)</b>						
Discipline of human communication sciences and disorders	7006 (Nml Sp & Lng Dev) 7000 (Speech Science) 7003 (Anat & Phys) 7505 (Intro to IPE/IPP)	7200 (Intro Clinic)				
Basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases	7000 (Speech Science) 7003 (Anat & Phys) 7006 (Nml Sp & Lng Dev) 7007 (Communicativ Interactn) 7010 (Neuro Bases) 7016 (Sociocultural Bases) 7113 (Rehabilitativ Aud) 7206 (Dev & Acq Motor Spch Dis) 7203 (Voice Disorders) 7207 (Clin Instrumentation) 7209 (Dysphagia)	7200 (Intro Clinic) 7208 (Clinical Experience SLP)	Preschool Screening, Diagnostics, AAC, Fluency	Practical labs, class assignments		
Ability to integrate information pertaining to normal and abnormal human development across the life span	7003 (Anat & Phys) 7005 (Lang Sample Analysis) 7006 (Nml Sp & Lng Dev) 7007 (Communicativ Interactn) 7010 (Neuro Bases) 7016 (Sociocultural Bases) 7206 (Dev & Acq Motor Spch Dis) 7203 (Voice Disorders) 7204 (Artic and Phon Dis) 7205 (Fluency Disorders) 7209 (Dysphagia) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC) 7505 (Intro to IPE/IPP)	7200 (Intro Clinic) 7208 (Clinical Experience SLP)	Preschool Screening, Diagnostics, AAC, Fluency, Lang Learning, Aphasia, TBI	Practical labs, class assignments		
Nature of communications and swallowing processes to include knowledge of:						
<ul style="list-style-type: none"> <li>• Etiology of the disorders or differences</li> <li>• Characteristics of the disorders or differences</li> <li>• Underlying anatomical and physiological characteristics of the disorders or differences</li> <li>• Acoustic characteristics of the disorders or differences (where applicable)</li> <li>• Psychological characteristics associated with the disorders or differences</li> </ul>						

	Academic Course Title and #	Clinical Course Title and #	Practicum Experience Title and #	Lab Title, # or Description	Research Title and # or Description	Other Title and # or Description
<ul style="list-style-type: none"> <li>• Development nature of the disorders or differences</li> <li>• Linguistic characteristics of the disorders or differences (where applicable)</li> <li>• Cultural characteristics of the disorders or differences</li> </ul>						
For the following elements:						
Articulation	7000 (Speech Science) 7003 (Anat & Phys) 7006 (Nml Sp & Lng Dev) 7010 (Neuro Bases) 7016 (Sociocultural Bases) 7206 (Dev & Acq Motor Spch Dis) 7204 (Artic and Phon Dis) 7207 (Clin Instrumentation) 7300 (Ch Lang Disorders) 7501 (Phonetic Transcription) 7502 (Intro Phon Transcriptn)	7208 (Clinical Experience SLP)	Artic, Hospital, Aural Rehab, Long Term Care, Alaryngeal, Multi-Handicapped, Diagnostic, accent modification	practical labs; listening labs; 7207- Clinical Instrumentation		
Fluency	7206 (Dev & Acq Motor Spch Dis) 7205 (Fluency Disorders)	7208 (Clinical Experience SLP)	Fluency, Diagnostic	practical labs		
Voice and resonance, including respiration and phonation	7000 (Speech Science) 7003 (Anat & Phys) 7010 (Neuro Bases) 7206 (Dev & Acq Motor Spch Dis) 7203 (Voice Disorders) 7204 (Artic and Phon Dis) 7207 (Clin Instrumentation)	7208 (Clinical Experience SLP)	Artic, Voice, Hospital, Aural Rehab, Long Term Care, Alaryngeal, Multi-Handicapped, Cleft Palate, Diagnostic	practical labs listening labs 7207- Clinical Instrumentation		
Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities	7005 (Lang Sample Analysis) 7006 (Nml Sp & Lng Dev) 7016 (Sociocultural Bases) 7204 (Artic and Phon Dis) 7212 (Autism) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC) 7505 (Intro to IPE/IPP)	7208 (Clinical Experience SLP)	Aphasia, Language Stim, TBI, Pediatric Language, Language/Literacy, Hospital, Autism/Behave/Communic, Hospital, Long-Term Care, Aural Rehab, AAC, Diagnostic			

	<b>Academic Course Title and #</b>	<b>Clinical Course Title and #</b>	<b>Practicum Experience Title and #</b>	<b>Lab Title, # or Description</b>	<b>Research Title and # or Description</b>	<b>Other Title and # or Description</b>
Hearing, including the impact on speech and language	6106 (Intro Survey Audiology) 7113 (Rehabilitative Audiology) 7204 (Artic and Phon Dis) 7300 (Ch Lang Disorders) 7505 (Intro to IPE/IPP)	7208 (Clinical Experience SLP)	Preschool Screening, Hospital, Aural Rehab, Long Term Care, Diagnostics, Multi-Handicapped	Practical labs 6106 – Intro survey of Audiology		
Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myology)	7003 (Anat & Phys) 7010 (Neuro Bases) 7206 (Dev & Acq Motor Spch Dis) 7209 (Dysphagia) 7505 (Intro to IPE/IPP)	7208 (Clinical Experience SLP)	Hospital, Long-Term Care, Feeding, Diagnostic			
Cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning)	7006 (Nml Sp & Lng Dev) 7212 (Autism) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC)	7208 (Clinical Experience SLP)	Aphasia, Voice, Language, TBI, Pediatric Language Program; Language Learning, Autism, Hospital, Aural Rehab, Long-term Care, Lang. Stim., Multi-Handicapped, AAC, Feeding, Diagnostic			
Social aspects of communication (e.g., behavioral and social skills affecting communication)	7005 (Lang Sample Analysis) 7006 (Nml Sp & Lng Dev) 7007 (Communicat Interactn) 7016 (Sociocultural Bases) 7203 (Voice Disorders) 7205 (Fluency Disorders) 7212 (Autism) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC)	7208 (Clinical Experience SLP)	All clinical placements			
Augmentative and alternative communication	7308 (AAC)	7208 (Clinical Experience SLP)	Aphasia; Voice; Language, TBI, Autism Spectrum Disorders, Hospital, Aural Rehab, Long Term Care, Language Stimulation, Alaryngeal; Multi-Handicapped, AAC, Diagnostic	7308 assignments		

<b>3.1.3B IDENTIFICATION AND PREVENTION OF SPEECH, LANGUAGE, AND SWALLOWING DISORDERS AND DIFFERENCES (Corresponds to aspects of ASHA Certification Standards IV-C, V-B)</b>						
	Academic Course Title and #	Clinical Course Title and #	Practicum Experience Title and #	Lab Title, # or Description	Research Title and # or Description	Other Title and # or Description
Principles and methods of identification of communication and swallowing disorders and differences	7000 (Speech Science) 7005 (Lang Sample Analysis) 7006 (Nml Sp & Lng Dev) 7016 (Sociocultural Bases) 7113 (Rehabilitativ Audiol) 7206 (Dev & Acq Motor Spch Dis) 7203 (Voice Disorders) 7204 (Artic and Phon Dis) 7205 (Fluency Disorders) 7207 (Clin Instrumentation) 7209 (Dysphagia) 7212 (Autism) 7300 (Chld Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC) 7505 (Intro to IPE/IPP)	7200 (Intro Clinic) 7208 (Clinical Experience SLP)	Hospital, Feeding, Preschool Screening, Voice, Diagnostics			
Principles and methods of prevention of communication and swallowing disorders	7203 (Voice Disorders) 7205 (Fluency Disorders) 7209 (Dysphagia) 7300 (Chld Lang Disorders) 7305 (Lang Learning Disabilities) 7505 (Intro to IPE/IPP)	7208 (Clinical Experience SLP)	Diagnostics, Preschool Screening			
<b>3.1.4B EVALUATION OF SPEECH, LANGUAGE, AND SWALLOWING DISORDERS AND DIFFERENCES (Corresponds to aspects of ASHA Certification Standards IV-D, V-B)</b>						
Articulation	7206 (Dev & Acq Motor Spch Dis) 7204 (Artic and Phon Dis) 7207 (Clin Instrumentation) 7300 (Ch Lang Disorders)	7208 (Clinical Experience SLP)	Diagnostics, Accent Modification, Aphasia, Pediatric Lang Program	7207 (clinical instrumentatn)		
Fluency	7206 (Dev & Acq Motor Spch Dis) 7205 (Fluency Disorders)	7208 (Clinical Experience SLP)	Diagnostics, Hospital			
Voice and resonance, including respiration and phonation	7206 (Dev & Acq Motor Spch Dis) 7203 (Voice Disorders) 7204 (Artic and Phon Dis) 7207 (Clin Instrumentation)	7208 (Clinical Experience SLP)	Voice, Adult Diagnostics, Hospital	7207 (clinical instrumentatn)		

	<b>Academic Course Title and #</b>	<b>Clinical Course Title and #</b>	<b>Practicum Experience Title and #</b>	<b>Lab Title, # or Description</b>	<b>Research Title and # or Description</b>	<b>Other Title and # or Description</b>
Receptive and expressive language in speaking, listening, reading, writing, and manual modalities	7005 (Lang Sample Analysis) 7006 (Nml Sp & Lng Dev) 7016 (Sociocultural Bases) 7204 (Artic and Phon Dis) 7212 (Autism) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC)	7208 (Clinical Experience SLP)	Pediatric Language Program, Language & Literacy, Diagnostics, Hospital			
Hearing, including the impact on speech and language	6106 (Intro Survey Audiol) 7113 (Rehabil Audiology) 7300 (Ch Lang Disorders)	7208 (Clinical Experience SLP)	Diagnostics			
Swallowing	7209 (Dysphagia)	7208 (Clinical Experience SLP)	Hospital			
Cognitive aspects of communication	7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC)	7208 (Clinical Experience SLP)	All clinical placements			
Social aspects of communication	7005 (Lang Sample Analysis) 7007 (Communicativ Interactn) 7016 (Sociocultural Bases) 7205 (Fluency Disorders) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC)	7208 (Clinical Experience SLP)	All clinical placements			
Augmentative and alternative communication needs	7308 (AAC)	7208 (Clinical Experience SLP)	AAC Clinic			

3.1.5B INTERVENTION TO MINIMIZE THE EFFECTS OF CHANGES IN THE SPEECH, LANGUAGE, AND SWALLOWING MECHANISMS (Corresponds to aspects of ASHA Certification Standards IV-D, V-B)						
	Academic Course Title and #	Clinical Course Title and #	Practicum Experience Title and #	Lab Title, # or Description	Research Title and # or Description	Other Title and # or Description
Intervention for communication and swallowing differences with individuals across the lifespan to minimize the effect of those disorders and differences on the ability to participate as fully as possible in the environment						
Intervention for disorders and differences of the following:						
• Articulation	7206 (Dev & Acq Motor Spch Dis) 7204 (Artic and Phon Dis)	7208 (Clinical Experience SLP)	Pediatric Language, School-Based, Accent Modification			
• Fluency	7206 (Dev & Acq Motor Spch Dis) 7205 (Fluency Disorders)	7208 (Clinical Experience SLP)	Fluency (private & group)			
• Voice and resonance, including respiration and phonation	7206 (Dev & Acq Motor Spch Dis) 7203 (Voice Disorders) 7204 (Artic and Phon Dis)	7208 (Clinical Experience SLP)	Voice, Adult Tx			
• Receptive and expressive language in speaking, listening, reading, writing, and manual modalities	7204 (Artic and Phon Dis) 7212 (Autism) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC)	7208 (Clinical Experience SLP)	Autism, Behavior, & Communic. Program; AAC; Hospital; Aphasia; School-Based; Lang/Literacy; Lang. Stimulation			
• Hearing, including the impact on speech and language	7113 (Rehabil Audiology) 7300 (Ch Lang Disorders)	7208 (Clinical Experience SLP)	Pediatric Language; Hospital; School-Based (Oral School for the Deaf)			
• Swallowing	7209 (Dysphagia)	7208 (Clinical Experience SLP)	Hospital			
• Cognitive aspects of communication	7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC)	7208 (Clinical Experience SLP)	Autism, Behavior, & Communic. Program; AAC; Hospital; Aphasia; School-Based; Lang/Literacy			
• Social aspects of communication	7007 (Communicative Interaction) 7016 (Sociocultural Bases) 7205 (Fluency Disorders) 7212 (Autism) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC)	7208 (Clinical Experience SLP)	Autism, Behavior, & Communic. Program; AAC; Hospital; Aphasia; School-Based; Fluency; Lang/Literacy			
• Augmentative and alternative communication needs	7308 (AAC)	7208 (Clinical Experience SLP)	AAC			

	Academic Course Title and #	Clinical Course Title and #	Practicum Experience Title and #	Lab Title, # or Description	Research Title and # or Description	Other Title and # or Description
<b>3.1.6B GENERAL KNOWLEDGE AND SKILLS APPLICABLE TO PROFESSIONAL PRACTICE (Corresponds to aspects of ASHA Certification Standards IV-E, IV-G, IV-H, V-B)</b>						
Ethical conduct	7016 (Sociocultural Bases) 7206 (Dev & Acq Motor Spch Dis) 7203 (Voice Disorders) 7204 (Artic and Phon Dis) 7205 (Fluency Disorders) 7209 (Dysphagia) 7212 (Autism) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC)	7200 (Intro Clinic) 7208 (Clinical Experience SLP)	All clinical placements		7500 (Evaluating Research)	
Integration and application of knowledge of the interdependence of speech, language, and hearing	6106 (Intro Survey Audiology) <del>7001 Lang Sample Analysis</del> 7006 (Nml Sp & Lng Dev) 7007 (Communicative Interaction) 7010 (Neuro Bases) 7113 (Rehabilitativ Aud) 7206 (Dev & Acq Motor Spch Dis) 7203 (Voice Disorders) 7204 (Artic and Phon Dis) 7205 (Fluency Disorders) 7207 (Clin Instrumentation) 7209 (Dysphagia) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC) 7505 (Intro to IPE/IPP)	7200 (Intro Clinic) 7208 (Clinical Experience SLP)	All clinical placements		7500 (Evaluating Research)	
Engagement in contemporary professional issues and advocacy	7006 (Nml Sp & Lng Dev) 7007 (Communicativ Interactn) 7010 (Neuro Bases) 7016 (Sociocultural Bases) 7113 (Rehabilitativ Aud) 7206 (Dev & Acq Motor Spch Dis) 7203 (Voice Disorders) 7204 (Artic and Phon Dis) 7205 (Fluency Disorders)	7200 (Intro Clinic) 7208 (Clinical Experience SLP)			7500 (Evaluating Research)	Mid-South Conference on Communicative Disorders

	<b>Academic Course Title and #</b>	<b>Clinical Course Title and #</b>	<b>Practicum Experience Title and #</b>	<b>Lab Title, # or Description</b>	<b>Research Title and # or Description</b>	<b>Other Title and # or Description</b>
	7209 (Dysphagia) 7212 (Autism) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC) 7505 (Intro to IPE/IPP)					
Processes of clinical education and supervision		7200 (Intro Clinic) 7208 (Clinical Experience SLP)				
Professionalism and professional behavior in keeping with the expectations for a speech-language pathologist		7200 (Intro Clinic) 7208 (Clinical Experience SLP)	All clinical placements			Mid-South Conference on Communicative Disorders
Interaction skills and personal qualities, including counseling and collaboration	7007 (Communicativ Interactn) 7010 (Neuro Bases) 7016 (Sociocultural Bases) 7113 (Rehabilitativ Aud) 7206 (Dev & Acq Motor Spch Dis) 7203 (Voice Disorders) 7204 (Artic and Phon Dis) 7205 (Fluency Disorders) 7209 (Dysphagia) 7212 (Autism) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7308 (AAC) 7505 (Intro to IPE/IPP)	7200 (Intro Clinic) 7208 (Clinical Experience SLP)	All clinical placements	Role play assignments		
Self-evaluation of effectiveness of practice	7007 (Communicative Interaction)	7200 (Intro Clinic) 7208 (Clinical Experience SLP)	All clinical placements			

## **APPENDIX I-H**

### **Speech-Language Pathology Knowledge and Skills**

**American Speech-Language-Hearing Association (ASHA) Standards:** Listed by Course

Note: Aspects of each Standard are addressed to varying extents in individual courses.

- 7000 - Speech Science
- 7003 - Anatomy and Physiology of the Speech Mechanism
- 7005 – Language Sample Analysis
- 7006 - Language and Speech Development
- 7007 - Communicative Interaction
- 7010 - Neurological Bases of Communication
- 7016 - Socio-Cultural Bases of Communication
- 6106 - Introductory Survey of Audiology
- 7113 - Rehabilitative Audiology I
- 7123 - Manual Communication
- 7200- Introduction to Clinical Practice in Speech-Language Pathology
- 7201- Cleft Palate and Craniofacial Disorders
- 7206 Developmental and Acquired Speech Motor Disorders
- 7203 - Voice Disorders
- 7204 - Disorders of Phonology and Articulation
- 7205 - Fluency Disorders
  
- 7207 - Clinical Instrumentation
- 7208 - Clinical Experience in Speech-Language Pathology
- 7209 - Dysphagia and Related Disorders
- 7212 - Autism Spectrum Disorders and Related Disabilities
- 7300 - Language Disorders in Children
- 7302 - Language Disorders in Adults
- 7305 - Language Learning Disabilities
- 7308 - Augmentative Communication
- 7309 - Speech Rehabilitation for Head and Neck Pathologies
- 7500 - Evaluating Research in Communication Disorders
- 7501 - Phonetic Transcription
- 7505 – Introduction to Interprofessional Education and Practice

## **7000 – Speech Science**

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Articulation
  - Voice and resonance, including respiration and phonation

## **7003 – Anatomy and Physiology of the Speech Mechanism**

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

## **7005 – Language Sample Analysis**

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention,

assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.

- V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Evaluation

### **7006 – Language and Speech Development**

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Articulation
  - Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing
  - Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
  - Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- V-C The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
- V-D The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Evaluation

## **7007 – Communicative Interaction**

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Interaction and Personal Qualities

## **7010 – Neurological Bases of Communication**

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Articulation
  - Voice and resonance, including respiration and phonation
  - Receptive and expressive language (phonology, morphology, syntax,

semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing

- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Assessment

### **7016 – Socio-Cultural Bases of Communication**

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.  
The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Articulation
  - Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing
  - Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- IV-G The applicant must have demonstrated knowledge of contemporary professional issues.
- V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
- V-B The applicant for certification must have completed a program of study that

included experiences sufficient in breadth and depth to achieve the following skills outcomes:

- Assessment
- Intervention
- Interaction and Personal Qualities

### **6106 – Introductory Survey of Audiology**

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
  - Hearing, including the impact on speech and language
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
  - Assessment
  - Intervention

### **7113 – Rehabilitative Audiology I**

- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
  - Hearing, including the impact on speech and language
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.

- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Intervention
  - Interaction and Personal Qualities

### **7123 – Clinical Application of Sign Language**

- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Hearing, including the impact on speech and language
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Intervention
  - Interaction and Personal Qualities

### **7200 – Introduction to Clinical Practice in Speech-Language Pathology**

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Articulation
  - Fluency
  - Voice and resonance, including respiration and phonation
  - Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic

- communication) in speaking, listening, reading, writing
  - Hearing, including the impact on speech and language
  - Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology)
  - Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
  - Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
  - Augmentative and alternative communication modalities
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- IV-F The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
- IV-G The applicant must have demonstrated knowledge of contemporary professional issues.
- V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
  - Assessment
  - Intervention
  - Interaction and Personal Qualities

#### **7201 – Cleft Palate and Craniofacial Disorders**

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
  - Articulation
  - Voice and resonance, including respiration and phonation

- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Assessment
  - Intervention
  - Interaction and Personal Qualities

#### **7204 – Disorders of Phonology and Articulation**

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Articulation
  - Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
  - Voice and resonance, including respiration and phonation
  - Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing
  - Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
  - Hearing, including the impact on speech and language
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- IV-F The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
- IV-G The applicant must have demonstrated knowledge of contemporary professional

issues.

- V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Assessment
  - Intervention
  - Interaction and Personal Qualities

## **7205 – Fluency Disorders**

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Fluency
  - Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- IV-F The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
- V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Assessment
  - Intervention
  - Interaction and Personal Qualities

## **7206 – Developmental and Acquired Motor Speech Disorders**

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Articulation
  - Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
  - Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
  - Voice and resonance, including respiration and phonation
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- IV-F The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
- IV-G The applicant must have demonstrated knowledge of contemporary professional issues.
- V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Assessment
  - Intervention
  - Interaction and Personal Qualities

## **7203 – Voice Disorders**

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining

- to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Voice and resonance, including respiration and phonation
  - Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- IV-F The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
- IV-G The applicant must have demonstrated knowledge of contemporary professional issues.
- V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Assessment
  - Intervention
  - Interaction and Personal Qualities

## **7207 – Clinical Instrumentation**

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Articulation
  - Voice and resonance, including respiration and phonation
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention,

assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.

- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Assessment

### **7208 – Clinical Experience in Speech-Language Pathology**

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Articulation
  - Fluency
  - Voice and resonance, including respiration and phonation
  - Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing
  - Hearing, including the impact on speech and language
  - Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology)
  - Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
  - Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
  - Augmentative and alternative communication modalities
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- IV-E The applicant must have demonstrated knowledge of standards of ethical conduct.

- IV-F The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
- IV-G The applicant must have demonstrated knowledge of contemporary professional issues.
- IV-H The applicant must have demonstrated knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice.
- V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
  - Assessment
  - Intervention
  - Interaction and Personal Qualities

## **7209 – Dysphagia and Related Disorders**

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
  - Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology)
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- IV-E The applicant must have demonstrated knowledge of standards of ethical conduct.
- IV-F The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
- IV-G The applicant must have demonstrated knowledge of contemporary professional issues.
- V-A The applicant must have demonstrated skills in oral and written or other forms of

communication sufficient for entry into professional practice.

- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Assessment
  - Intervention

### **7212 – Autism Spectrum Disorders and Related Disabilities**

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing
  - Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
  - Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- IV-F The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
- IV-G The applicant must have demonstrated knowledge of contemporary professional issues.
- V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Assessment
  - Intervention

- Interaction and Personal Qualities

### **7300 – Language Disorders in Children**

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Articulation
  - Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing
  - Hearing, including the impact on speech and language
  - Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
  - Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- IV-F The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
- IV-G The applicant must have demonstrated knowledge of contemporary professional issues.
- V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Assessment
  - Intervention
  - Interaction and Personal Qualities

## **7302 – Language Disorders in Adults**

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing
  - Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
  - Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- IV-F The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
- IV-G The applicant must have demonstrated knowledge of contemporary professional issues.
- V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Assessment
  - Intervention
  - Intervention Interaction and Personal Qualities

## **7305 – Language Learning Disabilities**

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The

- applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing
  - Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
  - Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- IV-F The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
- V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Assessment
  - Intervention

### **7308 – Augmentative Communication**

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic

- communication) in speaking, listening, reading, writing
  - Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
  - Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
  - Augmentative and alternative communication modalities
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- IV-F The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
- IV-G The applicant must have demonstrated knowledge of contemporary professional issues.
- V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Assessment
  - Intervention
  - Interaction and Personal Qualities

### **7309 – Speech Rehabilitation for Head and Neck Pathologies**

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Articulation
  - Voice and resonance, including respiration and phonation
  - Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology)
  - Augmentative and alternative communication modalities

- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Assessment
  - Intervention
  - Interaction and Personal Qualities

### **7500 – Evaluating Research in Communication Disorders**

- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- IV-F The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
- IV-G The applicant must have demonstrated knowledge of contemporary professional issues.
- V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
- V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
- Assessment
  - Intervention
  - Interaction and Personal Qualities

### **7501 – Phonetic Transcription**

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.

### **7501 – Intro to Transcription**

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological,

acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.

7505 – Introduction to Interprofessional Education and Practice

- IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
- IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing
  - Hearing, including the impact on speech and language
  - Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
  - Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
  - Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology)
- IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- IV-F The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
- IV-G The applicant must have demonstrated knowledge of contemporary professional issues.
- V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
- V-B The applicant for certification must have completed a program of study that the applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:

- Assessment
- Intervention
- Interaction and Personal Qualities

STANDARD	KNOWLEDGE (K) OR KNOWLEDGE & SKILL (K&S)	AUSP	COURSE	CODE	
Standard IV-A	Foundations of Practice - KNOWLEDGE				
A1	<b>Genetics, embryology and development of the auditory and vestibular systems, anatomy and physiology, neuroanatomy and neurophysiology, and pathophysiology of hearing and balance over the life span</b>		7006 Language Development	B	
			8001 Pyschoacoustics	P	
			8013 Calibration and Conservation	M	
			8019 Anat & Phys.	P	
			8020 Aud Proc Lifespan	P	
			8101 Audiologic Concepts	M	
			8103 Diag. & Med. Audiology	B	
			8104/8125 Clinical Practicum	C	
			8105 Vestibular	P	
			8107 Auditory Implants	M	
			8115 Pediatric Audiology	P	
			8118 Electrophysiologic Assessment	B	
A2	<b>Effects of pathogens, and pharmacologic and teratogenic agents, on the auditory and vestibular systems</b>		8013 Calibration and Conservation	P	
			8019 Anat & Phys.	B	
			8020 Aud Proc Lifespan	B	
			8103 Diag. & Med. Audiology	M	
			8104/8125 Clinical Practicum	C	
			8105 Vestibular	P	
			8115 Pediatric Audiology	B	
			8118 Electrophysiologic Assessment	B	
A3	<b>Language and speech characteristics and their development for individuals with normal and impaired hearing across the life span</b>		7006 Language Development	P	
			8008 Acoustic Phonetics	B	
			8104/8125 Clinical Practicum	C	
			8107 Auditory Implants	09.27.2022 Page 149	B

			8113	Audiologic Rehab I	P	
			8115	Pediatric Audiology	B	
A4	<b>Principles, methods, and applications of acoustics, psychoacoustics, and speech perception, with a focus on how each is impacted by hearing impairment throughout the life span</b>		8001	Psychoacoustics	T	
			8008	Acoustic Phonetics	P	
			8115	Pediatric Audiology	P	
			8116	Hearing Aid Provision	P	
			8104/8125	Clinical Practicum	C	
A5	<b>Calibration and use of instrumentation according to manufacturers' specifications and accepted standards</b>		8012	Measurement Techniques	T	
			8013	Calibration and Conservation	P	
			8101	Audiologic Concepts	P	
			8107	Auditory Implants	T	
			8113	Audiologic Rehab I	M	
			8114	Intro to Hearing Aids	T	
			8115	Pediatric Audiology	M	
			8116	Hearing Aid Provision	P	
			8118	Electrophysiologic Assessment	M	
			8104/8125	Clinical Practicum	C	
A6	<b>Standard safety precautions and cleaning/disinfection of equipment in accordance with facility-specific policies and manufacturers' instructions to control for infectious/contagious diseases</b>		8103	Diag. & Med. Audiology	M	
			8118	Electrophysiologic Assessment	P	
			8104/8125	Clinical Practicum	C	
A7	<b>Applications and limitations of specific audiology assessments and interventions in the context of overall client/patient management</b>		8101	Audiologic Concepts	P	
			8103	Diag. & Med. Audiology	P	
			8107	Auditory Implants	P	
			8115	Pediatric Audiology	P	
			8116	Hearing Aid Provision	P	
			8118	Electrophysiologic Assessment	P	
			8127	Audiologic Rehab II	P	
			8128	EBP in Amplification	P	
			8129	Psychosocial Adjustment to Hb9.27.2022 Page 150		

			8104/8125	Clinical Practicum	C	
A8	<b>Implications of cultural and linguistic differences, as well as individual preferences and needs, on clinical practice and on families, caregivers, and other interested parties</b>		7006	Language Development	M	
			7007	Communicative Interaction	M	
			8101	Audiologic Concepts	M	
			8103	Diag. & Med. Audiology	M	
			8107	Auditory Implants	P	
			8113	Audiologic Rehab I	P	
			8114	Intro to Hearing Aids	P	
			8115	Pediatric Audiology	M	
			8116	Hearing Aid Provision	P	
			8127	Audiologic Rehab II	P	
			8129	Psychosocial Adjustment to HI	P	
			8104/8125	Clinical Practicum	C	
A9	<b>Implications of biopsychosocial factors in the experience of and adjustment to auditory disorders and other chronic health conditions</b>		8101	Audiologic Concepts	M	
			8103	Diag. & Med. Audiology	P	
			8104/8125	Clinical Practicum	C	
			8107	Auditory Implants	P	
			8115	Pediatric Audiology	M	
			8116	Hearing Aid Provision	P	
			8127	Audiologic Rehab II	P	
			8129	Psychosocial Adjustment to HI	T	
A10	<b>Effects of hearing impairment on educational, vocational, social, and psychological function throughout the life span</b>		8001	Psychoacoustics	M	
			8013	Calibration and Conservation	P	
			8103	Diag. & Med. Audiology	B	
			8107	Auditory Implants	P	
			8113	Audiologic Rehab I	T	
			8114	Intro to Hearing Aids	P	
			8115	Pediatric Audiology	M	
			8116	Hearing Aid Provision	P	
			8118	Electrophysiologic Assessment	B	
			8129	Psychosocial Adjustment to HI	P	
			8104/8125	Clinical Practicum	C	

A11	Manual and visual communication systems and the use of interpreters/translators/translators		8107	Auditory Implants	P	
			8113	Audiologic Rehab I	T	
			8104/8125	Clinical Practicum	C	
A12	<b>Effective interaction and communication with clients/patients, families, professionals, and other individuals through written, spoken, and nonverbal communication</b>		7006	Language Development	P	
			7007	Communicative Interaction	P	
			8101	Audiologic Concepts	M	
			8107	Auditory Implants	M	
			8115	Pediatric Audiology	M	
			8127	Audiologic Rehab II	M	
			8104/8125	Clinical Practicum	C	
A13	<b>Principles of research and the application of evidence-based practice (i.e., scientific evidence, clinical expertise, and client/patient perspectives) for accurate and effective clinical decision making</b>		8008	Acoustic Phonetics	B	
			8101	Audiologic Concepts	P	
			8103	Diag. & Med. Audiology	P	
			8105	Vestibular	P	
			8107	Auditory Implants	P	
			8113	Audiologic Rehab I	P	
			8114	Intro to Hearing Aids	M	
			8115	Pediatric Audiology	P	
			8116	Hearing Aid Provision	P	
			8118	Electrophysiologic Assessment	M	
			8127	Audiologic Rehab II	M	
			8128	EBP in Amplification	T	
			8104/8125	Clinical Practicum	C	
A14	<b>Assessment of diagnostic efficiency and treatment efficacy through the use of quantitative data (e.g., number of tests, standardized test results) and qualitative data (e.g., standardized outcome measures, client/patient-reported measures)</b>		8103	Diag. & Med. Audiology	M	
			8105	Vestibular	P	
			8107	Auditory Implants	P	
			8113	Audiologic Rehab I	09.27.2022 Page 152	

			8114	Intro to Hearing Aids	M	
			8115	Pediatric Audiology	B	
			8116	Hearing Aid Provision	P	
			8127	Audiologic Rehab II	M	
			8128	EBP in Amplification	P	
			8104/8125	Clinical Practicum	C	
A15	<b>Client-centered, behavioral, cognitive, and integrative theories and methods of counseling and their relevance in audiology rehabilitation</b>		8101	Audiologic Concepts	B	
			8104/8125	Clinical Practicum	C	
			8107	Auditory Implants	B	
			8113	Audiologic Rehab I	P	
			8115	Pediatric Audiology	B	
			8116	Hearing Aid Provision	M	
			8127	Audiologic Rehab II	P	
			8129	Psychosocial Adjustment to HI	T	
A16	<b>Principles and practices of client/patient/person/family-centered care, including the role and value of clients'/patients' narratives, clinician empathy, and shared decision making regarding treatment options and goals</b>		8101	Audiologic Concepts	B	
			8104/8125	Clinical Practicum	C	
			8107	Auditory Implants	P	
			8113	Audiologic Rehab I	P	
			8115	Pediatric Audiology	P	
			8116	Hearing Aid Provision	P	
			8127	Audiologic Rehab II	P	
			8129	Psychosocial Adjustment to HI	T	
A17	<b>Importance, value, and role of interprofessional communication and practice in patient care</b>		8101	Audiologic Concepts	P	
			8103	Diag. & Med. Audiology	M	
			8105	Vestibular	P	
			8107	Auditory Implants	P	
			8115	Pediatric Audiology	P	
			8127	Audiologic Rehab II	P	
			8129	Psychosocial Adjustment to HI	P	
			8104/8125	Clinical Practicum	C	
A18	<b>The role, scope of practice, and responsibilities of audiologists and other related professionals</b>		8001	Psychoacoustics	09.27.2022 Page 153	

			8101	Audiologic Concepts	M	
			8115	Pediatric Audiology	P	
			8107	Auditory Implants	P	
			8104/8125	Clinical Practicum	C	
			8116	Hearing Aid Provision	P	
			8127	Adult AR	P	
			8129	Psychosocial Adjustment to HI	P	
			8128	EBP	P	
A19	<b>Health care, private practice, and educational service delivery systems</b>		8105	Vestibular	P	
			8101	Audiologic Concepts	B	
			8113	Audiologic Rehab I	T	
			8115	Pediatric Audiology	M	
			8116	Hearing Aid Provision	M	
			8104/8125	Clinical Practicum	C	
A20	<b>Management and business practices, including but not limited to cost analysis, budgeting, coding, billing and reimbursement, and patient management</b>		8107	Auditory Implants	M	
			8113	Audiologic Rehab I	B	
			8114	Intro to Hearing Aids	M	
			8104/8125	Clinical Practicum	C	
A21	<b>Advocacy for individual patient needs and for legislation beneficial to the profession and the individuals served</b>		8113	Audiologic Rehab I	P	
			8127	Audiologic Rehab II	P	
			8104/8125	Clinical Practicum	C	
			8115	Pediatric Audiology	M	
			8107	Auditory Implants	M	
A22	<b>Legal and ethical practices, including standards for professional conduct, patient rights, confidentiality, credentialing, and legislative and regulatory mandates</b>		8113	Audiologic Rehab I	M	
			8114	Intro to Hearing Aids	P	
			8116	Hearing Aid Provision	M	
			8104/8125	Clinical Practicum	C	
A23	<b>Principles and practices of effective supervision/mentoring of students, other professionals, and support personnel</b>		8104/8125	Clinical Practicum	C	
			8127	Audiologic Rehab II	B	
			8129	hearing aids	09.27.2022 Page 154	B

<b>Standard IV-B</b>	<b>Prevention and Identification: KNOWLEDGE &amp; SKILLS</b>				
B1	Educating the public and those at risk on prevention, potential causes, effects, and treatment of congenital and acquired auditory and vestibular disorders		8020	Aud Proc Lifespan	T
			8013	Calibration and Conservation	P
			8105	Vestibular	T
			8115	Pediatric Audiology	B
			8116	Hearing Aid Provision	B
			8104/8125	Clinical Practicum	C
B2	Establishing relationships with professionals and community groups to promote hearing wellness for all individuals across the life span		8013	Calibration and Conservation	P
			8101	Audiologic Concepts	M
			8113	Audiologic Rehab I	M
			8115	Pediatric Audiology	B
			8127	Audiologic Rehab II	P
			8129	Psychosocial Adjustment to HI	P
			8104/8125	Clinical Practicum	C
B3	Participating in programs designed to reduce the effects of noise exposure and agents that are toxic to the auditory and vestibular systems		8013	Calibration and Conservation	P
			8103	Diag. & Med. Audiology	P
			8104/8125	Clinical Practicum	C
B4	Utilizing instrument(s) (i.e. sound-level meter, dosimeter, etc.) to determine ambient noise levels and providing strategies for reducing noise and reverberation time in educational, occupational, and other settings		8013	Calibration and Conservation	P
			8104/8125	Clinical Practicum	C
			8113	Audiologic Rehab I	M
			8115	Pediatric Audiology	B
B5	Recognizing a concern on the part of medical providers, individuals, caregivers, or other professionals about hearing and/or speech-language problems and/or identifying people at risk to determine a need for hearing screening		8101	Audiologic Concepts	M
			8103	Diag. & Med. Audiology	P
			8113	Audiologic Rehab I	M
			8115	Pediatric audiology	P
			8118	Electrophysiologic Assessment	9.27.2022 Page 155

			8104/8125	Clinical Practicum	C	
B6	<b>Conducting hearing screenings in accordance with established federal and state legislative and regulatory requirements</b>		8013	Calibration and Conservation	M	
			8101	Audiologic Concepts	T	
			8104/8125	Clinical Practicum	C	
			8115	Pediatric Audiology	P	
			8118	Electrophysiologic Assessment	M	
B7	<b>Participating in occupational hearing conservation programs</b>		8013	Calibration and Conservation	T	
			8101	Audiologic Concepts	B	
			8103	Diag. & Med. Audiology	M	
			8113	Audiologic Rehab I	B	
			8115	Pediatric Audiology	B	
			8104/8125	Clinical Practicum	C	
B8	<b>Performing developmentally, culturally, and linguistically appropriate hearing screening procedures across the life span</b>		8101	Audiologic Concepts	P	
			8103	Diag. & Med. Audiology	M	
			8113	Audiologic Rehab I	B	
			8115	Pediatric Audiology	P	
			8116	Hearing Aid Provision	P	
			8118	Electrophysiologic Assessment	P	
			8127	Audiologic Rehab II	P	
			8104/8125	Clinical Practicum	C	
B9	<b>Referring persons who fail the hearing screening for appropriate audiology/medical evaluation</b>		8013	Calibration and Conservation	B	
			8101	Audiologic Concepts	T	
			8115	Pediatric Audiology	T	
			8118	Electrophysiologic Assessment	M	
			8104/8125	Clinical Practicum		
B10	<b>Identifying persons at risk for speech-language and/or cognitive disorders that may interfere with communication, health, education, and/or psychosocial function</b>		8101	Audiologic Concepts	B	
			8104/8125	Clinical Practicum	C	
			8113	Audiologic Rehab I	M	
			8115	Pediatric Audiology	P	
			8118	Electrophysiologic Assessment	B	
			8127	Audiologic Rehab II	M	

B11	<b>Screening for comprehension and production of language, including the cognitive and social aspects of communication</b>		8104/8125	Clinical Practicum	C	
			8113	Audiologic Rehab I	B	
			8115	Pediatric Audiology	M	
			8107	Auditory Implants	B	
B12	<b>Screening for speech production skills (e.g., articulation, fluency, resonance, and voice characteristics)</b>		8104/8125	Clinical Practicum	C	
			8113	Audiologic Rehab I	B	
B13	<b>Referring persons who fail the screening for appropriate speech-language pathology consults, medical evaluation, and/or services, as appropriate</b>		8104/8125	Clinical Practicum	C	
			8113	Audiologic Rehab I	B	
			8118	Electrophysiologic Assessment	M	
			8115	Pediatric Audiology	M	
			8107	Auditory Implants	B	
B14	<b>Evaluating the success of screening and prevention programs through the use of performance measures (i.e., test sensitivity, specificity, and positive predictive value)</b>		8013	Calibration and Conservation	P	
			8103	Diag. & Med. Audiology	P	
			8104/8125	Clinical Practicum	C	
			8115	Pediatric Audiology	M	
			8118	Electrophysiologic Assessment	P	
Standard IV-C	<b>Assessment: KNOWLEDGE</b>					
C1	<b>Gathering, reviewing, and evaluating information from referral sources to facilitate assessment, planning, and identification of potential etiologic factors</b>		8101	Audiologic Concepts	M	
			8103	Diag. & Med. Audiology	P	
			8113	Audiologic Rehab I	P	
			8115	Pediatric Audiology	P	
			8118	Electrophysiologic Assessment	M	
			8127	Audiologic Rehab II	P	
			8104/8125	Clinical Practicum	C	
C2	<b>Obtaining a case history and client/patient narrative</b>		8101	Audiologic Concepts	P	
			8103	Diag. & Med. Audiology	T	
			8105	Vestibular	09.27.2022 Page 157	NM

			8107	Auditory Implants	T	
			8113	Audiologic Rehab I	T	
			8114	Intro to Hearing Aids	P	
			8115	Pediatric Audiology	P	
			8116	Hearing Aid Provision	M	
			8118	Electrophysiologic Assessment	M	
			8127	Audiologic Rehab II	M	
			8129	Psychosocial Adjustment to HI	P	
			8104/8125	Clinical Practicum	C	
<b>C3</b>	<b>Obtaining client/patient-reported and/or caregiver-reported measures to assess function</b>		8103	Diag. & Med. Audiology	P	
			8104/8125	Clinical Practicum	C	
			8105	Vestibular	M	
			8107	Auditory Implants	P	
			8113	Audiologic Rehab I	P	
			8115	Pediatric Audiology	P	
			8116	Hearing Aid Provision	P	
			8127	Audiologic Rehab II	P	
			8129	Psychosocial Adjustment to HI	P	
<b>C4</b>	<b>Identifying, describing, and differentiating among disorders of the peripheral and central auditory systems and the vestibular system</b>		8019	Anat & Phys.	P	
			8020	Aud Proc Lifespan	P	
			8101	Audiologic Concepts	P	
			8103	Diag. & Med. Audiology	T	
			8105	Vestibular	T	
			8118	Electrophysiologic Assessment	T	
			8104/8125	Clinical Practicum	C	
<b>C5</b>	<b>Providing assessments of tinnitus severity and its impact on patients' activities of daily living and quality of life</b>		8101	Audiologic Concepts	B	
			8103	Diag. & Med. Audiology	P	
			8104/8125	Clinical Practicum	C	
			8129	Psychosocial Adjustment to HI	P	
<b>C6</b>	<b>Providing assessment of tolerance problems to determine the presence of hyperacusis</b>		8101	Audiologic Concepts	B	
			8103	Diag. & Med. Audiology	P	
			8104/8125	Clinical Practicum	C	
			8129	Psychosocial Adjustment to HI	B9.27.2B22 Page 158	

C7	Selecting, performing, and interpreting a complete immittance test battery based on patient need and other findings; tests to be considered include single probe tone tympanometry or multifrequency and multicomponent protocols, ipsilateral and contralateral acoustic reflex threshold measurements, acoustic reflex decay measurements, and Eustachian tube function					
		8101	Audiologic Concepts	P		
		8103	Diag. & Med. Audiology	T		
		8115	Pediatric Audiology	P		
		8104/8125	Clinical Practicum	C		
C8	Selecting, performing, and interpreting developmentally appropriate behavioral pure-tone air and bone tests, including extended frequency range when indicated					
		8101	Audiologic Concepts	P		
		8103	Diag. & Med. Audiology	T		
		8115	Pediatric Audiology	T		
		8104/8125	Clinical Practicum	C		
C9	Selecting, performing, and interpreting developmentally appropriate behavioral speech audiometry procedures to determine speech awareness threshold (SAT), speech recognition threshold (SRT), and word recognition scores (WRSs); obtaining a performance intensity function with standardized speech materials, when indicated					
		8101	Audiologic Concepts	P		
		8103	Diag. & Med. Audiology	T		
		8115	Pediatric Audiology	P		
		8104/8125	Clinical Practicum	C		
C10	Evaluating basic audiology findings and client/patient needs to determine differential diagnosis and additional procedures to be used					
		8101	Audiologic Concepts	P		
		8103	Diag. & Med. Audiology	T		
		8115	Pediatric Audiology	P		
		8118	Electrophysiologic Assessment	P		
		8104/8125	Clinical Practicum	C		
C11	Selecting, performing, and interpreting physiologic and electrophysiologic test procedures, including electrocochleography, auditory brainstem response with frequency-specific air and bone conduction threshold testing, and click stimuli for neural diagnostic purposes					
		8101	Audiologic Concepts	M		
		8103	Diag. & Med. Audiology	P		
		8115	Pediatric Audiology	P		
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			8118	Electrophysiologic Assessment	T	
			8104/8125	Clinical Practicum	C	
C12	<b>Selecting, performing, and interpreting otoacoustic emissions testing</b>		8101	Audiologic Concepts	P	
			8103	Diag. & Med. Audiology	T	
			8115	Pediatric Audiology	P	
			8118	Electrophysiologic Assessment	M	
			8104/8125	Clinical Practicum	C	
C13	<b>Selecting, performing, and interpreting tests for nonorganic hearing loss</b>		8101	Audiologic Concepts	M	
			8103	Diag. & Med. Audiology	T	
			8115	Pediatric Audiology	P	
			8104/8125	Clinical Practicum	C	
C14	<b>Selecting, performing, and interpreting vestibular testing, including electronystagmography (ENG)/videonystagmography (VNG), ocular vestibular-evoked myogenic potential (oVEMP), and cervical vestibular evoked myogenic potential (cVEMP)</b>		8104/8125	Clinical Practicum	C	
			8105	Vestibular	T	
C15	<b>Selecting, performing, and interpreting tests to evaluate central auditory processing disorder</b>		8020	Aud Proc Lifespan	P	
			8103	Diag. & Med. Audiology	B	
			8104/8125	Clinical Practicum	C	
			8118	Electrophysiologic Assessment	B	
C16	<b>Electrophysiologic testing, including but not limited to auditory steady-state response, auditory middle latency response, auditory late (long latency) response, and cognitive potentials (e.g., P300 response, mismatch negativity response)</b>		8101	Audiologic Concepts	B	
			8103	Diag. & Med. Audiology	P	
			8104/8125	Clinical Practicum	C	
			8118	Electrophysiologic Assessment	T	
C17	<b>Posturography</b>		8104/8125	Clinical Practicum	C	
			8105	Vestibular	T	

C18	Rotary chair tests		8104/8125	Clinical Practicum	C	
			8105	Vestibular	T	
C19	Video head impulse testing (vHIT)		8104/8125	Clinical Practicum	C	
			8105	Vestibular	T	
Standard IV-D	Intervention (Treatment): KNOWLEDGE & SKILLS					
D1	<b>Identifying the counseling needs of individuals with hearing impairment based on their narratives and results of client/patient and/or caregiver responses to questionnaires and validation measures</b>		8101	Audiologic Concepts	B	
			8103	Diag. & Med. Audiology	P	
			8107	Auditory Implants	M	
			8113	Audiologic Rehab I	P	
			8115	Pediatric Audiology	M	
			8116	Hearing Aid Provision	P	
			8127	Audiologic Rehab II	P	
			8129	Psychosocial Adjustment to HI	T	
			8104/8125	Clinical Practicum	C	
D2	<b>Providing individual, family, and group counseling as needed based on client/patient and clinical population needs</b>		8115	Pediatric Audiology	M	
			8107	Auditory Implants	M	
			8113	Audiologic Rehab I	P	
			8116	Hearing Aid Provision	M	
			8127	Audiologic Rehab II	P	
			8129	Psychosocial Adjustment to HI	T	
			8104/8125	Clinical Practicum	C	
D3	<b>Facilitating and enhancing clients'/patients' and their families' understanding of, acceptance of, and adjustment to auditory and vestibular disorders</b>		8101	Audiologic Concepts	M	
			8103	Diag. & Med. Audiology	P	
			8105	Vestibular	P	
			8107	Auditory Implants	P	
			8113	Audiologic Rehab I	P	
			8115	Pediatric Audiology	M	
			8116	Hearing Aid Provision	M	
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			8127	Audiologic Rehab II	P	
			8129	Psychosocial Adjustment to HI	T	
			8104/8125	Clinical Practicum	C	
<b>D4</b>	<b>Enhancing clients'/patients' acceptance of and adjustment to hearing aids, hearing assistive technologies, and osseointegrated and other implantable devices</b>		8107	Auditory Implants	T	
			8113	Audiologic Rehab I	T	
			8114	Intro to Hearing Aids	T	
			8115	Pediatric Audiology	P	
			8116	Hearing Aid Provision	P	
			8127	Audiologic Rehab II	M	
			8128	EBP in Amplification	M	
			8104/8125	Clinical Practicum	C	
<b>D5</b>	<b>Addressing the specific interpersonal, psychosocial, educational, and vocational implications of hearing impairment for the client/patient, family members, and/or caregivers to enhance their well-being and quality of life</b>		8101	Audiologic Concepts	B	
			8103	Diag. & Med. Audiology	P	
			8107	Auditory Implants	P	
			8115	Pediatric Audiology	P	
			8116	Hearing Aid Provision	M	
			8127	Audiologic Rehab II	P	
			8129	Psychosocial Adjustment to HI	P	
			8104/8125	Clinical Practicum	C	
<b>D6</b>	<b>Facilitating patients' acquisition of effective communication and coping skills</b>		8101	Audiologic Concepts	B	
			8107	Auditory Implants	T	
			8113	Audiologic Rehab I	T	
			8114	Intro to Hearing Aids	M	
			8115	Pediatric Audiology	M	
			8127	Audiologic Rehab II	P	
			8129	Psychosocial Adjustment to HI	P	
			8104/8125	Clinical Practicum	C	
<b>D7</b>	<b>Promoting clients'/patients' self-efficacy beliefs and promoting self-management of communication and related adjustment problems</b>		8107	Auditory Implants	T	
			8114	Intro to Hearing Aids	P	
			8115	Pediatric Audiology	09.27.2022 Page 162	

			8116	Hearing Aid Provision	M	
			8127	Audiologic Rehab II	P	
			8129	Psychosocial Adjustment to HI	P	
			8104/8125	Clinical Practicum	C	
D8	<b>Enhancing adherence to treatment plans and optimizing treatment outcomes</b>		8105	Vestibular	B	
			8107	Auditory Implants	T	
			8114	Intro to Hearing Aids	P	
			8115	Pediatric Audiology	T	
			8116	Hearing Aid Provision	P	
			8127	Audiologic Rehab II	P	
			8129	Psychosocial adjustment to HI	P	
			8104/8125	Clinical Practicum	C	
D9	<b>Monitoring and evaluating client/patient progress and modifying counseling goals and approaches, as needed</b>		8107	Auditory Implants	T	
			8113	Audiologic Rehab I	P	
			8114	Intro to Hearing Aids	T	
			8115	Pediatric Audiology	M	
			8116	Hearing Aid Provision	P	
			8127	Audiologic Rehab II	P	
			8129	Psychosocial Adjustment to HI	P	
			8104/8125	Clinical Practicum	C	
<b>Standard IV-E</b>	<b>Advocacy/Consultation: KNOWLEDGE &amp; SKILLS</b>					
E1	<b>Engaging clients/patients in the identification of their specific communication and adjustment difficulties by eliciting client/patient narratives and interpreting their and/or caregiver-reported measures</b>		8104/8125	Clinical Practicum	C	
			8107	Auditory Implants	P	
			8113	Audiologic Rehab I	P	
			8114	Intro to Hearing Aids	P	
			8115	Pediatric Audiology	M	
			8116	Hearing Aid Provision	P	
			8127	Audiologic Rehab II	P	
			8129	Psychosocial Adjustment to HI	P	

E2	<b>Identifying the need for, and providing for assessment of, concomitant cognitive/developmental concerns, sensory-perceptual and motor skills, and other health/medical conditions, as well as participating in interprofessional collaboration to provide comprehensive management and monitoring of all relevant issues</b>					
		8115	Pediatric Audiology	M		
		8103	Diag. & Med. Audiology	M		
		8104/8125	Clinical Practicum	C		
		8105	Vestibular	B		
		8113	Audiologic Rehab I	M		
		8127	Audiologic Rehab II	P		
		8129	Psychosocial Adjustment to HI	P		
E3	<b>Responding empathically to clients'/patients' and their families' concerns regarding communication and adjustment difficulties to establish a trusting therapeutic relationship</b>					
		8105	Vestibular	B		
		8107	Auditory Implants	P		
		8113	Audiologic Rehab I	P		
		8115	Pediatric Audiology	P		
		8127	Audiologic Rehab II	P		
		8129	Psychosocial Adjustment to HI	P		
		8104/8125	Clinical Practicum	C		
E4	<b>Providing assessments of family members' perception of and reactions to communication difficulties</b>					
		8104/8125	Clinical Practicum	C		
		8107	Auditory Implants	P		
		8113	Audiologic Rehab I	T		
		8115	Pediatric Audiology	P		
		8116	Hearing Aid Provision	M		
		8127	Audiologic Rehab II	P		
		8129	Psychosocial Adjustment to HI	P		
E5	<b>Identifying the effects of hearing problems and subsequent communication difficulties on marital dyads, family dynamics, and other interpersonal communication functioning</b>					
		8104/8125	Clinical Practicum	C		
		8107	Auditory Implants	P		
		8113	Audiologic Rehab I	P		
		8115	Pediatric Audiology	P		
		8127	Audiologic Rehab II	P		
		8129	Psychosocial Adjustment to HI	09.27.2022	Page 164	

E6	<b>Engaging clients/patients (including, as appropriate, school-aged children/adolescents) and family members in shared decision making regarding treatment goals and options</b>		8104/8125	Clinical Practicum	C	
			8107	Auditory Implants	T	
			8113	Audiologic Rehab I	T	
			8115	Pediatric Audiology	P	
			8116	Hearing Aid Provision	P	
			8127	Audiologic Rehab II	P	
			8129	Psychosocial Adjustment to HI	P	
E7	<b>Developing and implementing individualized intervention plans based on clients'/patients' preferences, abilities, communication needs and problems, and related adjustment difficulties</b>		8105	Vestibular	P	
			8107	Auditory Implants	T	
			8113	Audiologic Rehab I	T	
			8115	Pediatric Audiology	P	
			8116	Hearing aid provision	P	
			8127	Audiologic Rehab II	P	
			8129	Psychosocial Adjustment to HI	P	
			8104/8125	Clinical Practicum	C	
E8	<b>Selecting and fitting appropriate amplification devices and assistive technologies</b>		8107	Auditory Implants	T	
			8113	Audiologic Rehab I	T	
			8114	Intro to Hearing Aids	T	
			8116	Hearing Aid Provision	M	
			8118	Electrophysiologic Assessment	B	
			8127	Audiologic Rehab II	M	
			8104/8125	Clinical Practicum	C	
E9	<b>Defining appropriate electroacoustic characteristics of amplification fittings based on frequency-gain characteristics, maximum output sound-pressure level, and input-output characteristics</b>		8115	Pediatric Audiology	B	
			8114	Intro to Hearing Aids	T	
			8116	Hearing Aid Provision	T	
			8104/8125	Clinical Practicum	C	
E10	<b>American National Standards Institute (ANSI) standards</b>		8104/8125	Clinical Practicum	C	
			8114	Intro to Hearing Aids	T	
			8115	Pediatric Audiology	09.27.2022 Page 165	

		8116	Hearing Aid Provision	P	
E11	<b>Conducting real-ear measurements to (a) establish audibility, comfort, and tolerance of speech and sounds in the environment and (b) verify compression, directionality, and automatic noise management performance</b>	8104/8125	Clinical Practicum	C	
		8114	Intro to Hearing Aids	P	
		8115	Pediatric Audiology	B	
		8116	Hearing Aid Provision	T	
E12	<b>Incorporating sound field functional gain testing when fitting osseointegrated and other implantable devices</b>	8104/8125	Clinical Practicum	C	
		8107	Auditory Implants	T	
		8115	Pediatric Audiology	B	
E13	<b>Conducting individual and/or group hearing aid orientations to ensure that clients/patients can use, manage, and maintain their instruments appropriately</b>	8104/8125	Clinical Practicum	C	
		8114	Intro to Hearing Aids	P	
		8116	Hearing Aid Provision	P	
		8127	Audiologic Rehab II	P	
E14	<b>Identifying individuals who are candidates for cochlear implantation and other implantable devices</b>	8107	Auditory Implants	T	
		8113	Audiologic Rehab I	T	
		8114	Intro to Hearing Aids	P	
		8104/8125	Clinical Practicum	C	
E15	<b>Counseling cochlear implant candidates and their families regarding the benefits and limitations of Auditory Implants to (a) identify and resolve concerns and potential misconceptions and (b) facilitate decision making regarding treatment options</b>	8104/8125	Clinical Practicum	C	
		8107	Auditory Implants	T	
		8115	Pediatric Audiology	P	
E16	<b>Providing programming and fitting adjustments; providing postfitting counseling for cochlear implant clients/patients</b>	8107	Auditory Implants	T	
		8113	Audiologic Rehab I	T	
		8114	Intro to Hearing Aids	T	
		8104/8125	Clinical Practicum	C	

E17	<b>Identifying the need for—and fitting—electroacoustically appropriate hearing assistive technology systems (HATS) based on clients'/patients' communication, educational, vocational, and social needs when conventional amplification is not indicated or provides limited benefit</b>					
		8104/8125	Clinical Practicum	C		
		8107	Auditory Implants	P		
		8113	Audiologic Rehab I	T		
		8114	Intro to Hearing Aids	P		
		8115	Pediatric Audiology	B		
		8116	Hearing Aid Provision	M		
		8127	Audiologic Rehab II	P		
E18	<b>Providing HATS for those requiring access in public and private settings or for those requiring necessary accommodation in the work setting, in accordance with federal and state regulations</b>					
		8104/8125	Clinical Practicum	C		
		8107	Auditory Implants	P		
		8113	Audiologic Rehab I	T		
		8127	Audiologic Rehab II	P		
E19	<b>Ensuring compatibility of HATS when used in conjunction with hearing aids, Auditory Implants, or other devices and in different use environments</b>					
		8104/8125	Clinical Practicum	C		
		8107	Auditory Implants	M		
		8113	Audiologic Rehab I	T		
		8114	Intro to Hearing Aids	P		
E20	<b>Providing or referring for consulting services in the installation and operation of multi-user systems in a variety of environments (e.g., theaters, churches, schools)</b>					
		8104/8125	Clinical Practicum	C		
		8107	Auditory Implants	B		
		8113	Audiologic Rehab I	T		
		8114	Intro to Hearing Aids	M		
E21	<b>Providing auditory, visual, and auditory-visual communication training (e.g., speechreading, auditory training, listening skills) to enhance receptive communication</b>					
		8107	Auditory Implants	T		
		8113	Audiologic Rehab I	T		
		8114	Intro to Hearing Aids	T		
		8115	Pediatric Audiology	B		

			8116	Hearing Aid Provision	M	
			8118	Electrophysiologic Assessment	B	
			8127	Audiologic Rehab II	P	*
			8129	Psychosocial Adjustment to HI	P	
			8104/8125	Clinical Practicum	C	
E22	<b>Counseling clients/patients regarding the audiologic significance of tinnitus and factors that cause or exacerbate tinnitus to resolve misconceptions and alleviate anxiety related to this auditory disorder</b>		8103	Diag. & Med. Audiology	P	
			8104/8125	Clinical Practicum		
E23	<b>Counseling clients/patients to promote the effective use of ear-level sound generators and/or the identification and use of situationally appropriate environmental sounds to minimize their perception of tinnitus in pertinent situations</b>		8103	Diag. & Med. Audiology	P	
			8104/8125	Clinical Practicum		
E24	<b>Counseling clients/patients to facilitate identification and adoption of effective coping strategies to reduce tinnitus-induced stress, concentration difficulties, and sleep disturbances</b>		8103	Diag. & Med. Audiology	P	
			8104/8125	Clinical Practicum		
E25	<b>Monitoring and assessing the use of ear-level and/or environmental sound generators and the use of adaptive coping strategies to ensure treatment benefit and successful outcome(s)</b>		8104/8125	Clinical Practicum	C	
			8103	Diag. & Med. Audiology	P	
			8129	Psychosocial Adjustment to HI	P	
E26	<b>Providing canalith repositioning for patients diagnosed with benign paroxysmal positional vertigo (BPPV)</b>		8104/8125	Clinical Practicum	C	
			8105	Vestibular	T	
E27	<b>Providing intervention for central and peripheral vestibular deficits</b>		8104/8125	Clinical Practicum	C	
			8105	Vestibular	T	

E28	<b>Ensuring treatment benefit and satisfaction by monitoring progress and assessing treatment outcome</b>		8104/8125	Clinical Practicum	C	
			8105	Vestibular	T	
			8107	Auditory Implants	T	
			8113	Audiologic Rehab I	P	
			8114	Intro to Hearing Aids	P	
			8115	Pediatric Audiology	B	
			8116	Hearing Aid Provision	P	
			8127	Audiologic Rehab II	P	
			8128	EBP in Amplification	P	
			8129	Psychosocial Adjustment to HI	P	
<b>Standard IV-F</b>	<b>Education/Research/Administration: KNOWLEDGE &amp; SKILLS</b>					
F1	<b>Counseling parents to facilitate their acceptance of and adjustment to a child's diagnosis of hearing impairment</b>		8115	Pediatric Audiology	T	
			8103	Diag. & Med. Audiology	P	
			8104/8125	Clinical Practicum	C	
			8113	Audiologic Rehab I	P	
			8129	Psychosocial Adjustment to HI	P	
F2	<b>Counseling parents to resolve their concerns and facilitate their decision making regarding early intervention, amplification, education, and related intervention options for children with hearing impairment</b>		8103	Diag. & Med. Audiology	P	
			8104/8125	Clinical Practicum	C	
			8107	Auditory Implants	T	
			8114	Intro to Hearing Aids	P	
			8115	Pediatric Audiology	P	
			8116	Hearing Aid Provision	M	
			8129	Psychosocial Adjustment to HI	P	
F3	<b>Educating parents regarding the potential effects of hearing impairment on speech-language, cognitive, and social-emotional development and functioning</b>		8101	Audiologic Concepts	B	
			8104/8125	Clinical Practicum	C	
			8107	Auditory Implants	P	
			8115	Pediatric Audiology	T	
F4	<b>Educating parents regarding optional and optimal modes of communication; educational laws and rights, including 504s, individualized education programs (IEPs), individual family service plans (IFSPs), individual health plans; and so forth</b>		8104/8125	Clinical Practicum	09.27.2022 Page 169	

			8107	Auditory Implants	P	
			8113	Audiologic Rehab I	T	
			8115	Pediatric Audiology	P	
F5	<b>Selecting age/developmentally appropriate amplification devices and HATS to minimize auditory deprivation and maximize auditory stimulation</b>		8104/8125	Clinical Practicum	C	
			8107	Auditory Implants	T	
			8113	Audiologic Rehab I	T	
			8114	Intro to Hearing Aids	P	
			8115	Pediatric Audiology	M	
			8116	Hearing Aid Provision	P	
F6	<b>Instructing parents and/or child(ren) regarding the daily use, care, and maintenance of amplification devices and HATS</b>		8104/8125	Clinical Practicum	C	
			8107	Auditory Implants	T	
			8113	Audiologic Rehab I	T	
			8115	Pediatric Audiology	M	
F7	<b>Planning and implementing parent education/support programs concerning the management of hearing impairment and subsequent communication and adjustment difficulties</b>		8104/8125	Clinical Practicum	C	
			8107	Auditory Implants	M	
			8113	Audiologic Rehab I	T	
			8115	Pediatric Audiology	M	
F8	<b>Providing for intervention to ensure age/developmentally appropriate speech and language development</b>		8104/8125	Clinical Practicum	C	
			8113	Audiologic Rehab I	M	
			8115	Pediatric Audiology	T	
			8107	Auditory Implants	P	
F9	<b>Administering self-assessment, parental, and educational assessments to monitor treatment benefit and outcome</b>		8104/8125	Clinical Practicum	C	
			8107	Auditory Implants	M	
			8113	Audiologic Rehab I	T	
			8115	Pediatric Audiology	P	
			8116	Hearing Aid Provision	P	
F10	<b>Providing ongoing support for children by participating in IEP or IFSP processes</b>		8104/8125	Clinical Practicum	C	
			8113	Audiologic Rehab I	09.27.2022 Page 170	

		8115	Pediatric Audiology	B	
F11	<b>Counseling the child with hearing impairment regarding peer pressure, stigma, and other issues related to psychosocial adjustment, behavioral coping strategies, and self-advocacy skills</b>	8104/8125	Clinical Practicum	C	
		8113	Audiologic Rehab I	P	
		8115	Pediatric Audiology	T	
		8129	Psychosocial Adjustment to HI	M	
F12	<b>Evaluating acoustics of classroom settings and providing recommendations for modifications</b>	8115	Pediatric Audiology	M	
		8119	Hearing Conservation	P	
		8127	Audiologic Rehab II	M	
		8129	Psychosocial Adjustment to HI	M	
		8104/8125	Clinical Practicum	C	
F13	<b>Providing interprofessional consultation and/or team management with speech-language pathologists, educators, and other related professionals</b>	7007	Communicative Interaction	B	*
		8101	Audiologic Concepts	P	
		8103	Diag. & Med. Audiology	M	
		8107	Auditory Implants	P	
		8113	Audiologic Rehab I	P	
		8114	Intro to Hearing Aids	M	
		8115	Pediatric Audiology	P	*
		8118	Electrophysiologic Assessment	M	
		8127	Audiologic Rehab II	P	
		8104/8125	Clinical Practicum	C	

## **CastleBranch Background Check and Drug Screens**

Order instructions:

1. Go to <https://portal.castlebranch.com/UE54>
2. Select “Place Order” at the bottom of the screen
3. Open the “Please Select” tab
4. Choose the one you need to complete. In most cases it is the first option.
  - a. UE54: Abuse - Background Check - Drug Test
  - b. UE54bg: Abuse – Background Check
  - c. UE54dt: Drug Test
5. Read the order instructions and check the box “I have read this information”
6. Acknowledge Terms and Conditions
7. Complete the Personal Information Form

### **About CastleBranch**

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Your payment options include Visa, Mastercard, Discover, Debit, electronic check and money orders. Note: Use of electronic check or money order will delay order processing until payment is received.

### **Accessing Your Account**

To access your account, log in using the email address you provided and the password you created during order placement. Your administrator will have their own secure portal to view your compliance status and results.

### **Contact CastleBranch**

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## **Goals and Expectations for Clinical Practicum in Speech-Language Pathology**

### **The Director of Speech-Language Pathology Services will:**

1. Design an individualized clinical practicum sequence for the student with the input from clinical faculty and in collaboration with the student with the emphasis on the skills the student has obtained and still needs to learn as well as his/her areas of interest;
2. Retain and add external placements that will provide a rich learning environment for students;
3. Be available for students to express interests and concerns about their clinical training or education in general;
4. Keep all issues of concerns addressed with a student confidential;
5. Maintain currency of the practice trends in speech-language-swallowing disorders and business practices to ensure the best opportunity for learning for students;

### **The clinical educator (supervisor) will:**

1. Provide background information about the clients and procedures for specific programs;
2. Initially, inquire about the student's knowledge and experience with the disorder type/age of client assigned and determine the level of instruction needed for the student to succeed with the client;
3. Share expectations of skill level for a student at his/her level of study by the end of the semester;
4. Meet with students on a regular basis to plan and debrief the sessions as well as give feedback regarding the sessions;
5. Be open to student questions and suggestions;
6. Continuously assess the student's skill and knowledge to provide the optimal learning experience for the student;
7. Encourage questions and guide the student regarding the types of questions a learner at his/her level of study is expected to ask;
8. Foster critical thinking and problem-solving skills;
9. Guide the student to a level of expected skill for his/her level of learning with the ultimate goal of independence in the session;
10. Participate in self-assessment of clinical teaching methods and strategies and encourage feedback from students;
11. Ultimately be responsible for providing the best services to the client and families

### **The student will:**

1. Participate in clinic assignments that will expose them to the breadth of the scope of practice across the lifespan, with diverse populations, and in as many different settings as possible;
2. Work with each of the CSD clinical faculty in the majority of clinical programs offered at MSHC;
3. Understand his/her responsibility to provide the best and most efficient care/service to the client and their families;

4. Come to the session prepared with the necessary plans, materials, knowledge, and practice of tests/techniques, and mindset to provide the best services for the client;
5. Be open to learning new techniques and to be an active learner in the education process;
6. Be familiar with the policies and procedures in the CSD Handbook and refer to it for information before asking questions;
7. Apply course content in the clinic and ask insightful questions to assist the clinical educator in identifying any disconnect of knowledge and application;
8. Gain meaningful insight, through self-assessment and instructor feedback, and achieve progress with each clinical placement;
9. Express concerns about the clinical experience with the assigned clinical faculty member throughout the semester and not just at the end of the assignment;
10. Participate in at least one placement in a medical setting and one in pediatric placement (i.e., school, private practice, etc.)
11. Meet the knowledge and skills outlined for certification of clinical competence for ASHA, TN teacher licensure, and other state licensures;
12. Exceed the minimum ASHA requirement of 400 clock hours

## **The Clinical Practicum Progression in Speech-Language Pathology**

In general, the progression of clinical education is based on the coursework taken by the student and the clinical experience the student has had. Students need to have had or are concurrently taking the courses that apply to the clinic assigned. Off-site medical placements require, at minimum, the Language Disorders in Adults I and preferably Dysphagia at least concurrently.

Each semester students will meet with the Director of Speech-Language Pathology Services, Marilyn Wark, to discuss their progression of experiences and their requests for placements in the future. Efforts are made to accommodate the requests, when possible.

Students can request more clinic than the typical assignment. Students who are on clinical assistantships will be assigned an additional 10 hours a week, which can have an impact on the total number of clock hours accrued in the program.

### **First Semester:** (approximately 6 hours of client contact a week)

- With-Background (WB) students will be assigned 6 hours of client contact per week. A specific number of clients are not specified because the schedule can vary if working with individuals or groups in clinic. Assignments will typically be diagnostics or therapy with children (speech/language disorders) or accent modification with adults (ASSET). On a rare occasion, a student who has had fluency disorders undergrad may have a fluency client. Total number of clock hours expected by the end of the semester is 50+.
- With other Background (WOB) students may be assigned clinic in the role of observer or possibly the clinician. Clinician roles would be in the accent modification program (ASSET) and, on rare occasions, therapy with children. Assignments are determined based on the undergraduate area of study and experiences. The primary clinical assignment for the semester is obtaining 25 observation hours.

### **Second Semester:** (approximately 9 hours of client contact a week)

- Spring graduates, with recommendation from supervisors, can be placed off-site in pediatric/school settings. Assignments will be different than the first semester, but with the same types of clients. Total number of clock hours expected by the end of the semester is 100+.
- Summer Graduates (after the first semester students are no longer considered to be a WOB) assignments will typically be diagnostics or therapy with children (speech/language disorders) or accent modification with adults (ASSET). Total number of clock hours expected by the end of the semester is 50+.

### **Third Semester:** (approximately 9 hours of client contact a week)

- Spring graduates, with recommendation from supervisors, can be placed off-site in pediatric/school settings. Assignments with disorders for which class work has been completed or concurrently taken can be assigned. Total number of clock hours expected by the end of the semester is 150+.
- Summer Graduates, with recommendation from supervisors, can be placed off-site in pediatric/school settings. Assignments will be different than the first semester, but with the same types of clients. Total number of clock hours expected by the end of the semester is 100+.

**Fourth Semester:** (minimum of 9 hours of client contact a week)

- Spring graduates will have their first opportunity to be placed in a medical setting. Those not placed in a medical setting will be placed in some type of offsite experience, if they have not been off-site in earlier semesters. Most off-site placements are for 2 full days a week. Students will also be assigned at least one client in-house. Total number of clock hours expected by the end of the semester is 250-300+ (with off-site twice a week). When assigned to an adult off-site placement, the goal is to get as many of the adult clock hours as possible that semester.
- Summer graduates will have their first opportunity to be placed in an adult/pediatric medical setting; however, the priority of placement will be to the spring graduates. Efforts are made to place as many as possible in some type of off-site placement. Total number of clock hours expected by the end of the semester is 150-250+ (depending on if assigned off-site twice a week). When assigned to an adult off-site placement, the goal is to get as many of the adult clock hours as possible that semester.

**Fifth Semester:** (minimum of 9 hours of client contact a week)

- Spring graduates who have not been placed in a medical setting will have first priority for those placements. Second priority will go to the summer graduates. If placements are available, students who have an interest in the medical setting may request a second placement. Complete all hours in all categories with a minimum total of 400 (including 25 observation) clock hours.
- Summer graduates will have second priority for medical placements after those spring graduates who have not had that opportunity. Total number of clock hours expected by the end of the semester is 250-300+ (depending on if assigned off-site twice a week).

**Sixth Semester:** (minimum of 9 hours of client contact a week)

- Summer graduates who have not been placed in a medical setting will have first priority for those placements. If placements are available, students who have an interest in the medical setting may request a second placement. Complete all hours in all categories with a minimum total of 400 (including 25 observation) clock hours.

The following table is a breakdown of the clock hours by disorder and age group. These are suggested targets to insure a clinical experience that involves the scope of practice. Some states require these clock hours for licensure. It is important to be aware of the requirements of the states where you may do your CF early in the program to ensure time to acquire what is needed. **The ultimate requirement for clinical experience is the competency level of both knowledge and skills across the nine disorder areas determined by ASHA, not the hours in each category.**

## SLP Practicum Targets

<b>Category</b>	<b>Hours Required</b>	<b>Category</b>	<b>Hours Required</b>
<b>Child Speech Diagnostics</b> <ul style="list-style-type: none"><li>• Artic</li><li>• Voice</li><li>• Fluency</li><li>• Dysphagia/feeding</li><li>• Speech screening</li></ul>	20 total <ul style="list-style-type: none"><li>• only 10 of the 20 can be screening hours</li></ul>	<b>Adult Speech Diagnostics</b> <ul style="list-style-type: none"><li>• Artic</li><li>• Voice</li><li>• Fluency</li><li>• Dysphagia/feeding</li><li>• Speech screening</li></ul>	20 total <ul style="list-style-type: none"><li>• only 10 of the 20 can be screening hours</li><li>• only 10 of the 20 can be dysphagia</li></ul>
<b>Child Language Diagnostics</b> <ul style="list-style-type: none"><li>• Language screening</li><li>• Cognitive</li><li>• AAC</li></ul>	20 total <ul style="list-style-type: none"><li>• only 10 of the 20 can be screening hours</li></ul>	<b>Adult Language Diagnostics</b> <ul style="list-style-type: none"><li>• Language screening</li><li>• Cognitive</li><li>• AAC</li></ul>	20 total <ul style="list-style-type: none"><li>• only 10 of the 20 can be screening hours</li></ul>
<b>Child Speech Therapy</b> <ul style="list-style-type: none"><li>• Artic</li><li>• Voice</li><li>• Fluency</li><li>• Dysphagia/feeding</li></ul>	20 total	<b>Adult Speech Therapy</b> <ul style="list-style-type: none"><li>• Artic</li><li>• Voice</li><li>• Fluency</li><li>• Dysphagia/feeding</li></ul>	20 total
<b>Child Language Therapy</b> <ul style="list-style-type: none"><li>• Language therapy</li><li>• Cognitive</li><li>• AAC</li></ul>	20 Total	<b>Adult Language Therapy</b> <ul style="list-style-type: none"><li>• Language screening</li><li>• Cognitive</li><li>• AAC</li></ul>	20 Total
<b>Fluency</b> (hours are counted in the speech category and then noted separately for this requirement)	15 Total <ul style="list-style-type: none"><li>• Can be any age</li><li>• Can be either dx or tx</li><li>• A portion can be prevention</li></ul>	<b>Hearing screening and Aural Rehab</b>	20 total <ul style="list-style-type: none"><li>• No minimum in either</li><li>• Need to have some of both</li></ul>
<b>Voice</b> (hours are counted in the speech category and then noted separately for this requirement)	15 Total <ul style="list-style-type: none"><li>• Can be any age</li><li>• Can be either dx or tx</li><li>• A portion can be prevention</li></ul>	<b>Undergraduate Hours</b>	75 Maximum <ul style="list-style-type: none"><li>• Require signed log of hours to count</li></ul>
<b>Counseling</b>	No more than 25	<b>Settings</b>	3 different settings of 50 hours each
<b>Staffing</b>	No more than 25	<b>Total with U of M Faculty</b>	125
<b>Observation</b>	25 total	<b>Total clock hours</b>	375 minimum not including the 25 observation

## Frequently Asked Questions/Comments (SLP)

The intent of this information is to help students understand some of the principles and processes used in the clinical practicum experience. It is in no way intended to suggest that students shouldn't express their interests, preferences, and fears about the clinical placements they receive.

***"I have all of my child language hours (or \_\_\_\_\_ hours) and I'm concerned I won't get all of my hours with the assignment I have".***

Students will have well more than the minimum of 20 hours in child language treatment, as well as other disorder type hours. It is impossible to experience the vast scope of language disorders with all ages of clients and feel confident in treating those cases independently in 20 hours. The goal is reaching competency in the disorder areas, not an hour count. The more you practice something, the better you will be. The 400 clock hours is a minimum.

Below is a table of average clock hours based on the graduating classes for 2012-2014. These are only graduate hours, so undergrad clock hours are not in the totals. Typically child hours are in the first year and adult hours are in the second year. You will get your hours; so rather than noting your progress by the number of hours; try to focus on the experiences and what you want to learn.

Total Hours	Total Child	Total Adult	Child Speech Therapy	Child Lang Therapy	Child Speech Diag	Child Lang Diag	Adult Speech Therapy	Adult Lang Therapy	Adult Speech Diag	Adult Lang Diag
459	232	215	52	75	30	35	52	79	33	22

***"I'm concerned about my clock hours."***

Students are to monitor their clock hours and inform the clinic director if numbers are lower than the expected number listed by semester (approximately 50 per semester for the first three) or the assigned placements are not yielding the expected totals due to poor client attendance.

***"My classmate has been assigned hours that I don't have. I'm concerned that I won't be ready to graduate on time."***

To get a cohort the hours needed to graduate, the order of experiences will differ. Availability often determines assignments. Some students may get hearing/ diagnostic/fluency, etc. hours early in their study to get everyone what they need by the end. All students will get the required hours in the end.

***"I have already worked with that supervisor, can you change my schedule?"***

You will more than likely work with the same supervisor in more than one semester. The goal of the assignment is to allow you to work with different clients. If you have a significant problem working with a particular person, it is important to address those difficulties during the semester you are assigned to them. You may request a break in being assigned to a particular person; however, the request needs to be expressed before the assignment is made.

***"I prefer to work with adults, so can you just assign me to adult clinics?" or "I prefer to work***

***with children, so can you just assign me to clinics with children?"***

The simple answer is “no”. We have to ensure that you have the clinical skills to work with all ages and all disorders. I know that the first year of clinic can be frustrating if all of your clients are children and you want to work with adults, but the coursework order dictates that early assignments are with children and the second years have the adult assignments. Likewise, those who have concerns about working in a medical setting may be fearful of what the second year will bring. Keep an open line of communication with the clinic director, and she will work you through it. By the way, a little bit of peppermint oil under the nose can help with the smells in a medical setting.

***“I have no interest in working in a \_\_\_\_\_ (school, hospital, etc.). Do I have to?”***

It is our experience that five years after graduation, SLPs are working in environments that they had no interest in as a graduate student. Our goal is to give students a broad exposure to a range of practice settings. All will experience a medical placement and an external pediatric/school placement. Students are often surprised that their assumptions about the setting are in error. If nothing else, it gives the student the opportunity to know what type of settings they would be happy working in in the future.

## **APPENDIX I-M**

### **Experiential Learning Placements Student Affirmation**

The mission of the University is to help each student develop his/her professional competencies. Experiential learning placements are designed to provide opportunities for students to learn to become effective in their area of practice through observations and practice in a professional setting. These experiences are designed to augment the knowledge, skills, and dispositions gained in the university classroom by requiring regular engagement in on-site, in-person practicum activities in a healthcare, public health, social service or other setting. However, these experiences also come with enhanced responsibility on the part of the student.

**Compliance with policies and rules.** By signing below, I affirm that I have read and will abide by all applicable University/School policies and practicum guidelines as well as any policies and rules required by any experiential learning placement (ELP) sites. I further affirm my responsibility to comply with all ethical standards associated with my professional placement(s).

**Duty of care.** I agree that it is my responsibility to understand and follow ELP site policies and procedures designed to identify and control risks, including safety and security procedures and bloodborne pathogen policies, and to obtain any immunizations or testing which ELP site(s) and the University may recommend and/or require. I further understand that it is my responsibility to follow safe practices as set by the University of Memphis, my relevant academic program, and my ELP site, as well as those required by local, state and federal governments. I acknowledge that it is my responsibility to bring to the University's and/or School's attention any information regarding any ELP site being unsafe or otherwise improper.

**Practicing within your competency.** An important aspect of ethical, professional practice is knowing the limits of your knowledge and skills and not engaging in activities that are beyond your level of competence. I acknowledge that engaging in an ELP may require a degree of skill and knowledge different from other activities and that I have responsibilities as a participant to practice within my level of competency.

**Acknowledgement of risk.** I acknowledge that there are certain risks inherent in my participation in ELPs, including, but not limited to risks arising from: travel to and from the ELP site, ELP activities, unpredictable or violent behavior of certain client populations served by the site, suboptimal working conditions due to pandemic/epidemic circumstances, and exposure to infectious diseases, including tuberculosis or other airborne pathogens, and hepatitis, HIV or other bloodborne pathogens.

**Assumption of risk and release.** I acknowledge that my chosen profession is not risk free and that by extension, experiential learning placements for the profession may inherently involve risk that could result in my bodily injury, up to and including death, as well as mental anxiety and stress. I voluntarily participate in ELPs in spite of these risks. I agree to assume those risks and release the University of Memphis and its board, employees, agents, and successors, of and from any and all expenses, damages, judgments, and costs, of whatever kind, that arise from any illness or injury I may acquire or sustain while participating in ELPs.

**Medical conditions and treatment.** I acknowledge that University of Memphis does not provide health and accident insurance for ELP participants and I agree to be financially responsible for

any medical bills incurred as a result of emergency or other medical treatments. Should I require emergency medical treatment as a result of accident or illness arising during the ELP, I consent to such treatment. I will notify my field supervisor and clinical director if I have medical conditions about which emergency personnel should be informed.

**Unforeseeable circumstances.** Circumstances may arise that necessitate discontinuing – permanently or temporarily – ELPs. Such circumstances may include, but are not limited to, business disruptions, loss of site credentials, fire, flood, embargoes, war, acts of terrorism, civil commotions, natural disasters, and/or pandemics/ epidemics. I understand that in the event of such a circumstance the University will maintain communication regarding alternative pathways for completion of required coursework and will take all necessary steps to determine a suitable path forward. However, the University will not incur any liability as a result of unforeseen circumstances.

**Voluntary election.** It has been explained to me, and I understand, that faculty are available to discuss any questions or concerns I have about the nature and physical demands of ELPs and the inherent risks, hazards, and dangers associated with ELPs. I am voluntarily electing to move forward with my ELP in light of current circumstances. I acknowledge that if I have health issues or am not comfortable participating in an ELP at any time, I can elect to postpone my ELP(s) to a later date, knowing that it may affect my original projected graduation date and/or the award of my degree. If I wish to discontinue an ELP after the start date, I am responsible for first discussing the reasons why with my clinic director. I further understand that any decision made to discontinue an ELP may affect my original projected graduation date and/or the award of my degree.

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Student Signature

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Date

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Director

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Date



**PART TWO:**

**CLINICAL OPERATIONS**

**POLICIES AND PROCEDURES**



**School of Communication Sciences &  
Disorders  
The University of Memphis Clinical  
Operations**

Policy Number	C-201
Effective Date	August 18, 2022
Supersedes Date	August 9, 2012
Review Date	August 2024
Approval	

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**SUBJECT:** **Criteria for Admission for Therapy Services at the Memphis Speech and Hearing Center<sup>3</sup>**

**POLICY:** Individuals of all ages are eligible for treatment when their ability to communicate and/or swallow is impaired or when there is reason to believe that treatment will prevent the development of a communication or swallowing disorder. The decision to admit an individual to these services must be made in conjunction with the potential client and/or the client's family or designated guardian, as appropriate.

**PROCEDURE:**

- I. Eligibility for further assessment and subsequent treatment is indicated if one or more of the following factors are present:
  - A. Referral because of suspected communication or feeding or swallowing disorder from the potential client, family member, audiologist, physician, educator, other speech-language pathologist, psychologist, or other allied health professional.
  - B. Failure to pass a screening assessment for communication and/or swallowing function.
  - C. The potential client is unable to communicate functionally or optimally across environments and communication partners.
  - D. The presence of a communication or swallowing disorder has been verified through an evaluation by a certified speech-language pathologist or audiologist.
  - E. The potential client's ability to communicate is not comparable to others of the same chronological age, gender identity, ethnicity, or cultural and linguistic background.
  - F. The potential client, family, and/or guardian seeks services to achieve and/or maintain

optimal communication (including alternative and augmentative means of communication), and/or swallowing skills.

- G. The potential client's communication skills negatively affect educational, social, emotional performance, vocation, and/or status of health and safety.
- H. The potential client's swallowing/feeding skills negatively affect his or her nutritional health or safety status.
- I. The potential client, family, and/or guardian seek services to achieve and/or maintain optimal communication and/or swallowing skills.
- J. The potential client, family, and /or guardian seek services to enhance communication skills.

**II. Procedures for Admission to Therapy/Instruction**

- A. Registration for services is managed by the office staff and entered in the Cerner EMR system.
- B. Clients seen for an evaluation and who wish to be placed on the waiting list for therapy are added to the Client Management System (CMS), an electronic database on the secured shared drive.
  - 1. Clients are offered therapy services based upon the following considerations:
    - a. Client's acuity of condition and need
    - b. Specific disorder type needed for student training
    - c. Availability in a particular therapy program
    - d. Length of time on the waiting list based on the evaluation date
  - 2. When a client's schedule is confirmed, the office staff schedules the sessions in Cerner.



**School of Communication  
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**The University of Memphis**

**Clinical Operations**

Policy Number	<b>C-202</b>
Effective Date	August 9, 2012
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Review Date	May 2023
Approval	

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**SUBJECT:** **Discharge and Follow-up from Therapy Services<sup>4</sup>**

**POLICY:** Client discharge from treatment ideally will occur when the communication or swallowing disorder is remediated or when compensatory strategies are successfully established. Because these goals can't always be achieved, additional factors will be considered. The decision to discharge a client from treatment/instruction will be made in conjunction with the client and/or family or guardian, as appropriate. Every attempt is made to follow the client after discharge/transfer.

**PROCEDURE:**

**I. Conditions for Discharge**

- A. Eligibility for discharge is indicated if one or more of the following factors are present.
  1. The communication or feeding and swallowing disorder is defined within normal limits or is now consistent with the client's premorbid status.
  2. The goals and objectives of treatment have been met.
  3. The client's communication abilities have become comparable to those of others of the same chronological age, gender identity, ethnicity, or cultural and linguistic background.
  4. The client's speech, language, communication, and/or feeding and swallowing skills no longer adversely affect the client's educational, social, emotional or vocational performance or health status.
  5. The client who uses an augmentative or alternative communication system

has achieved optimal communication across environments and communication partners.

6. The client has attained the desired level of standardized communication skills.
7. Treatment no longer results in measurable benefit. There does not appear to be any reasonable prognosis for improvement with continued treatment. It is appropriate to consider future reevaluation to determine if the client's status has changed or whether new treatment options have become available.
8. The client is unable to tolerate treatment because of new onset or progression of a serious medical, psychological, or other condition.
9. The client demonstrates behavior that interferes with improvement or participation in treatment (e.g., noncompliance, malingering), providing that efforts to address the interfering behavior have been unsuccessful.
10. There is lack of appropriate and necessary support for treatment.
11. The client is unwilling to participate in treatment.
12. Treatment attendance has been inconsistent or poor and efforts to address these factors have not been successful. Three unexcused absences (and/or tardiness by 15 minutes) within a 90-day period will result in client discharge from therapy. Clients/families are informed of this attendance policy prior to admission and will be asked to sign an attendance agreement.
13. The client or guardian fails to follow through with referrals or recommendations, thus impeding progress in therapy.
14. The client is referred to and accepted in another program when services not available at the Memphis Speech and Hearing Center are required (e.g., educational, interdisciplinary treatment program, etc.).
15. No service may be provided for a client who has an outstanding balance from a previous semester. A deferment plan may be established in some cases. Arrangements are to be made with the business office and Methodist Le Bonheur Healthcare.

16. The supervising clinical faculty member and associated student are expected to discuss discharge plans with the client/parent as an ongoing part of the therapy process. If the client, parent, or family member who carries legal responsibility does not agree with dismissal, an additional period of treatment, not to exceed (four) 4 weeks, might be considered to help the clients served understand and accept the dismissal decision.

## **II. Follow-up Procedures after Discharge/Transfer**

Follow-up arrangements (i.e., maintenance therapy, speech-language re-check, referral to another agency, etc.), as needed, will be recommended to meet the needs of the client. The supervising clinician is responsible for management of the client's follow-up



**School of Communication  
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**Clinical Operations**

Policy Number	<b>C-203</b>
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Approval	

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**SUBJECT:** **Client Referrals from Outside Agencies**

**POLICY:** Referrals to the Memphis Speech and Hearing Center are accepted from all sources including self-referral.

**PROCEDURE:**

- I. Referrals from professionals/agencies are received via fax, HIPAA protected e-mail, or internal referrals entered in the clients EMR. Referrals are reviewed and added to the evaluation waiting list by a business office associate or student worker.
- II. A physician's referral is required before services are rendered if the client/guardian intends to file a claim for services with an insurance provider. This is a clinic policy and applies to all clients even if that client's insurance does not require they have a referral.
- III. The referral source will receive a copy of the report as requested even if the client/guardian has not listed the referral source on the release of information form. (For more information see HIPAA (Health Insurance Portability and Accountability Act) and Health Information Guidelines)
- IV. The name of the referral source is included in the report.



**School of Communication  
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The University of Memphis**

**Clinical Operations**

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Approval	

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**SUBJECT:** **Client Referrals to Outside Agencies**

**POLICY:** Referrals will be made to outside agencies for clients when appropriate services are not available at the Memphis Speech and Hearing Center or if additional services are warranted which are not available at the Center.

**PROCEDURE:**

- I. The supervising clinician will advise the client that an outside referral is warranted.
- II. If the client/guardian is in agreement with the referral, or requests a referral to another professional or agency for diagnostic or therapy services, at least three names and numbers of appropriate service providers will be given.
- III. The supervising clinician will record the recommendation and any contacts with the referring agency in Cerner.
- IV. Reports and information will be provided as requested per appropriate release of information.
- V. If the client/guardian is not in agreement with the referral, the supervising clinician is to document this in the client's record in Cerner. Services may be terminated if the refusal of the referral restricts the ability to treat the client appropriately (e.g., an ENT referral for a voice client) or hinders progress in treatment.



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**Clinical Operations**

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Approval	

**SUBJECT:** **Reporting of Clinical Information and Progress**

**POLICY:** Clinical services are documented electronically and reported verbally to the client/guardian.

**PROCEDURE:**

1. Reporting

A. Evaluation Report

- a) All reports are to be completed and uploaded on Cerner.
- b) The student will complete speech/language reports within three working days, audiology reports within two working days, and pediatric audiology reports within 24 hours.
- c) For audiology students, the first version of the electronic report is graded by the supervising faculty member and is the only grade given for the report. The assigned grade is based on timeliness and extent of revision required. The faculty member will make the necessary revisions and forward the revised report to the student as feedback. If the report is poorly written and the faculty member's revision is exhaustive, the faculty member can request a full re-write of the report with guidelines for improvement. Grading consequences for a poorly written report will apply on subsequent submissions.
- d) For speech-language pathology (SLP) reports, a template is used for the heading and format for the report. The template is located on the Shared Clinic Drive. All reports must be saved as a new document. If the report is poorly written and the faculty member's revision is exhaustive, the faculty member can request a full re-write of the report with guidelines for improvement. Grading consequences for a poorly written report will apply on subsequent submissions.
- e) Speech-language test forms should be kept in the master file located in the file room.
- f) After the responsible faculty member reviews and evaluates reports and returns it to the HIPAA cabinet. The student has one day to make corrections. The faculty member is responsible for reviewing, signing, and sending it to the business office for distribution (see Policy C-207).
- g) The office associate mails the report to the client/parent/guardian, and individuals/agencies listed on the release of information form. Reports must be

- mailed within 48 hours of report completion.
- h) The office associate ensures that the master files' contents are in the appropriate order (see [Policy C-206](#)) and returned to the designated location. The master file is filed in the file room by business office personnel or a graduate assistant.
- B. Clinical Summary Report
- a) Reports will be completed at the supervising faculty member's discretion every 30 – 45 days, depending on the requirements of the pay source.
  - b) The report format templates are on the shared clinic drive.
  - c) The final summary report will be added to Cerner, and a copy will be sent to the office associate for dissemination within ten (10) working days from the end of the service period. The office associate will mail the report to the appropriate recipients. The master file will be placed in the file room.
- C. Annual Re-Evaluation Report for Clients in Treatment/Instruction
- a) After one year of service, clients will be re-evaluated by the current supervisor and student seeing the client that semester. An annual report will be written to summarize services provided, results of testing, progress made, and subsequent recommendations.
- D. Discharge Summary Report
- a) The discharge summary report is a complete summary of service, the progress gained in treatment/ instruction, results of final testing, and recommendation at discharge.
- E. Progress/SOAP Notes
- a) Progress notes or SOAP notes will be recorded in Cerner.
2. Verbal Reporting
- A. Evaluation Reporting
- a) Results of the evaluation will be presented and explained to the client/guardian at the conclusion of the evaluation unless the client was referred by the DDS.
  - b) The student and supervising faculty member may choose to plan the delivery of the results before they meet with the client/parent.
- B. Formal Client/Family/Parent Conferences in Treatment
- a) The student and supervising faculty member will discuss treatment objectives, procedures, and discharge criterion with the client/family at the beginning of the service period.
  - b) The student and supervising faculty member will discuss the results of the treatment objectives, post-therapy testing results, and subsequent recommendations with the client/family at the end of the service period/discharge.

- c) Additional conferences may be scheduled if necessary.
  - d) The supervising faculty member must be present during all client/family/parent conferences.
- C. Informal Dissemination of Information
- a) Following a session, the student clinician may briefly inform the parent/caregiver of how the client did in therapy that day, if in accordance with HIPAA policy.
  - b) If a parent/caregiver expresses specific concerns or requests more detail, the student will suggest that the caregiver schedule a conference with the supervising faculty member to address concerns or requests.



**School of Communication  
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**Clinical Operations**

Policy Number	<b>C-206</b>
Effective Date	July 31, 2019
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Approval	

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**SUBJECT:** **The Maintenance of Clinical Records**

**POLICY:** All client records will be current, orderly, secure and confidential.

**PROCEDURE:**

**I. Location and Security of Client Master Files**

- A. Each client has a file, which is kept in a secured cabinet. The cabinet is located in a locked file room that is monitored during work hours and is only accessible via badge access after-hours.
- B. Client files are **NEVER** to leave the building. When a master file is checked out to a student, it must always be in the locked cabinet in the student area when not actively working on it.

**II. Confidentiality**

- A. All information in the files is **CONFIDENTIAL** and should never be discussed with anyone not directly involved with the client.
- B. All requests for confidential information (copies of reports, test results, etc.) are to be handled by the business office. The signed release of information is considered valid for a period of four months. At age 18 years, a client will sign a release for themselves. Individuals over 18 years of age and under the guardianship of parents or agency will need to show proof of a Healthcare Power of Attorney.
- C. A release signed by client/parent/guardian is required before a report can be mailed out to an entity other than the referring agency.
- D. No Protected Health Information (PHI) will be divulged over the telephone without signed consent. Refer to [Policy C-215](#) for further information regarding HIPAA.

### **III. Order of Master Files (Blue)**

Each Blue file contains the following information. Documents not listed below should NOT be kept in the file.

#### **A. LEFT SIDE**

DEMOGRAPHIC SHEET – contains all demographic information, insurance, and parent/guardian information. This information should be **updated annually**.

#### **B. RIGHT SIDE**

MSHC REPORTS – For SLP, original evaluation or DDS report with no FIN label.

FIN LABELS: refers to the label that contains the patient name, MRN, location, date of birth, age, sex, scan code, evaluator and initial date seen. These labels are good for 30 days. Keep extra labels in file until void, then shred.

–The case history form will be kept in the file until both audiology and speech-language pathology services have been completed. It is then shredded once the information has been entered in Cerner.

SLP TEST FORMS – All original protocol forms are copied with a FIN label on each page and scanned into Cerner. The copied forms are kept in the master file.

HEARING AID DATA- The following documents are to be kept until Step 5 of hearing aid protocol is complete: Summary Sheet/ Subjective verification, COSI Questionnaire, Rehab assessment interview form, and Fine Tuning Questionnaire. A sticky note should be place on the document stating, “Keep in file until completed.” Once step 5 is complete the form should be shredded.

### **IV. Length of Time Files are Maintained**

Client Master Files are kept in the Master File cabinet for 5 years. After a file has been inactive for 5 years, it is removed and placed in a locked closet at MSHC for an additional 5 years. Tennessee law specifies that medical records are to be kept for 10 years after the last professional contact. The records of minors are kept for 10 years after the last professional contact or until the minor is 19 years of age, whichever is longer.

## **V. Scanning Documents into Cerner**

Once patient is seen and documentation is completed, all documents that need to be entered in Cerner must have a FIN label placed in the top right-hand corner of every sheet to be scanned (front and back if necessary)

- Label can be horizontal or vertical. Be sure not to cover important information with the label
- Remember FIN labels may not go anywhere else
- No staples may be in any paperwork
- Any test forms must be sliced and be independent pages
- FIN labels are good for 30-days from initial appointment date for both audiology and speech.
- If within 30 days, you may use the same FIN label.
- If not the same, you may complete an encounter sheet for a business officer to print you and new set of FIN labels
- Please do not leave blue files laying in the file room or with forms not in the proper trays.

HIM refers to the Health Information Management for scanning documents into the Electronic Medical Records system, Cerner. HIM trays are sorted by title and scan code (CDI)

- Hearing Screening- 80
- Hearing Aid Information -204
- Audiology- 200
- Rehab Evaluation/Discharge- 51
- Rehab Documents- 50
- Miscellaneous- 33
- Legal Documents- 224
- Orders- 065
- Outside Records- 999
- Release of Information- 222
- Race, Ethnicity, and Language (REL)- 333
- Billing/Insurance- 09
- General Consent of Authorization (GCOA)- 24
- Authorization/Consents- 555

Once FIN label is attached, place the forms in the appropriate scan tray(s)

Business Office Forms:

Document	Responsibility	Procedure
Services Rendered Form	Business Office	File in daily folder. DO NOT SCAN. If students/ supervisors need a copy for charge entry, shred after use.
Client Demographic Information	Business Office	Enter in Cerner. Hole-punch and put on left side of blue file.
General Consent for Care/Authorization	Business Office	Put FIN label in top right corner of sheet, put in <b>GCOA 24 tray</b>
Request for Restrictions	Business Office	<b>Goes to HIPAA Privacy Officer once completed</b>
REL Form	Business Office	Put FIN label in top right corner of sheet, put in <b>REL 333 tray</b>
Education and Research Release	Business Office	Put FIN label in top right corner of sheet, put in <b>Authorizations Consents 555 tray</b>
Insurance card and eligibility information	Business Office	Put FIN label in top right corner of sheet, put in <b>Billing/Insurance 09 tray</b>
Referral forms/Physician Orders	Business Office	Put FIN label in top right corner of sheet, put in <b>Orders 065 tray</b>
Case History Forms (Adult/Child)	Students & Clinical Faculty	Enter all data (hearing and speech) in Cerner. Shred AFTER supervisor(s) signs final report. <sup>1</sup>
Invoices	JPT	Put in JPT clinic box in the business office. If clinician needs ones for any reason, keep in the blue file with a sticky note that says, "Please leave in blue file".
Outside Agency Forms/Reports	Students & Clinical Faculty	Put FIN label in top right corner of sheet, put in <b>Outside Records 999 tray</b>

Speech/Language Clinic Forms:

Document	Responsibility	Procedure
Tests Forms	Students & Clinical Faculty	Put FIN label in top right corner of copied forms (completed pages only), put in <b>Rehab docs 50 tray</b> . <sup>2</sup> Make sure if originals are sent they are sliced as independent pages.
Diagnostic Reports	Business Office	Put FIN label in top right corner of copy, put in <b>Rehab Eval/Discharge 51 tray</b> . <sup>3</sup>
Working Data	Students & Clinical Faculty	Document in report then shred.

Audiology Clinic Forms:

Document	Responsibility	Procedure
Step 1 Follow Up Phone Call	Students & Clinical Faculty	Document in Cerner then shred.
Considerations for Choosing a HA	Students & Clinical Faculty	Document in Cerner then shred.
Summary	Students &	Keep in file until Step 5 is done. Document in Cerner

<sup>1</sup>This does not pertain to DDS case history forms, which are kept in the chart (right side).

<sup>2</sup>This does not pertain to DDS test forms, which are kept in the chart (right side) and not entered into Cerner.

<sup>3</sup>This does not pertain to DDS reports, which are kept in the chart (right side) and not entered into Cerner.

Sheet/Subjective Verif.	Clinical Faculty	then shred
Pre-Fit Interview	Students & Clinical Faculty	Document in Cerner then shred.
Hearing Aid Protocol Summary	Students & Clinical Faculty	Document in Cerner then shred.
COSI Questionnaire	Students & Clinical Faculty	Keep in file until Step 5 is completed with sticky note that says, "Keep in file until completed". Document in Cerner then shred
Fine Tuning Guidelines	Students & Clinical Faculty	Document in Cerner then shred.
Client Refusal to Test Form	Students & Clinical Faculty	Put FIN label in top right corner of sheet, put in <b>Misc. 33 tray</b> .
Consent Form for Taking Ear Imp.	Students & Clinical Faculty	Put FIN label in top right corner of every sheet, put in <b>Hearing Aid Info 204 tray</b> .
Directionality/DNR Print Form	Students & Clinical Faculty	Put FIN label in top right corner of every sheet, put in <b>Hearing Aid Info 204 tray</b> .
ANSI Test Results & Specification Sheets	Students & Clinical Faculty	Put FIN label in top right corner of every sheet, put in <b>Hearing Aid Info 204 tray</b> .
Verifit Printouts (Speech Mapping, RECDs, Simulated REM)	Students & Clinical Faculty	Put FIN label in top right corner of every sheet, put in <b>Hearing Aid Info 204 tray</b> .
Hearing Aid Purchase Agreement	Students & Clinical Faculty	Put FIN label in top right corner of every sheet, put in <b>Hearing Aid Info 204 tray</b> .
Hearing Aid Purchase Receipt	Students & Clinical Faculty	Put FIN label in top right corner of every sheet, put in <b>Hearing Aid Info 204 tray</b> .
Int't Outcomes Inventory IOIHA	Students & Clinical Faculty	Put FIN label in top right corner of every sheet, put in <b>Hearing Aid Info 204 tray</b> .
Medical Clearance Form	Students & Clinical Faculty	Put FIN label in top right corner of every sheet, put in <b>Orders 065 tray</b> .
Hearing Aid Service Request Form	Students & Clinical Faculty	Put FIN label in top right corner of every sheet, put in <b>Hearing Aid Info 204 tray</b> .
Rehab Assessment Interview Form	Students & Clinical Faculty	Document in Cerner after Step 5 and shred.
Post-Fit Structured Interview (2d)	Students & Clinical Faculty	Document in Cerner then shred.
Patient Agreement for Fitting of Hearing Devices Purchased from an Outside Source	Students & Clinical Faculty	Put FIN label in top right corner of every sheet, put in <b>Hearing Aid Info 204 tray</b> .
Fine Tuning Questionnaire	Students & Clinical Faculty	Send home with patient after Step 4. Document in Cerner after Step 5 and shred.
Hearing Aid Quotes / Clinic Fees	Students & Clinical Faculty	Document in Cerner then shred.
CaptionCall Prof. Certification	Students & Clinical Faculty	Submit to Caption Call. Document in report then shred.
Aided Detection of Warble Tones	Students & Clinical Faculty	Document in Cerner then shred.
AzBio Sentence Test Score Sheet	Students & Clinical Faculty	Document in Cerner then shred.
BKB-SIN Test Score Sheet	Students & Clinical Faculty	Document in Cerner then shred. 09.27.2022 Page 198
CID-W22 Word List	Students &	Document in Cerner then shred

	Clinical Faculty	
Common Phrases Test	Students & Clinical Faculty	Document in Cerner then shred.
Early Speech Perception (ESP)	Students & Clinical Faculty	Document in Cerner then shred.
GASP Test	Students & Clinical Faculty	Document in Cerner then shred.
Working data (tympanogram sheets, written audiograms, SRT forms, word recognition lists)	Students	Document in report then shred.



**School of Communication  
Sciences & Disorders  
The University of Memphis**

**Clinical Operations**

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Approval	

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**SUBJECT:** **Student Responsibilities in Diagnostics and Therapy**

**POLICY:** Students are to be fully familiar with the clinic procedures for conducting evaluations and treatment.

**PROCEDURE:**

**I. Diagnostic Evaluations**

**A. Pre-Evaluation Procedures**

1. A student logs into Cerner to determine their diagnostic schedule for the week and the client(s) they will serve.
2. The student assigned to conduct the evaluation studies the folder and the available medical/educational information before meeting with their supervising faculty member.
3. The student returns the client folder to the business office immediately following meeting. SLP students will develop an evaluation plan including the selection of at least two assessment measures. They will review the test administration instructions for those assessments prior to the evaluation appointment, with supervisory assistance as needed.

**B. Day of Evaluation**

**The student prepares the diagnostic/sound room and selects appropriate materials before the evaluation.**

1. The student picks up the blue file and SRF at the business office window after paperwork is completed by the client and office staff at check-in.

2. The supervising faculty member and student meet the client and/or parents in the lobby, and then take them to testing/sound room.
3. If a client is being seen for speech-language testing and is age 3 years or older, their hearing is screened first. The adult client/parents are taken to the evaluation room for the initial interview. Parents of young children being tested have been instructed to bring someone who can sit with their child in the lobby while they are with the examiners.
4. Following the interview, the clinician may choose to have the caregiver return to the lobby or remain to observe the evaluation. Parents are to stay in the building during the entire evaluation in case of emergency.
5. The student and/or faculty member complete the testing.
6. Testing is completed, and tests are scored and analyzed. The student and faculty member discuss the results and recommendations and plan the parent/client conference.
7. The parent/client is informed of the test results and recommendations by the student/faculty member. If the client is interested in therapy services, the clinician adds them to the MSHC wait list for therapy and provides them with a list of other local therapy resources.
  - a. Note 1: Regarding evaluations for Disability Determination, clinicians do not share any information related to results or testing. This information should be provided to the client by the Social Security Office directly, and they will determine qualification of benefits and any recommendations.
  - b. Note 2: Some evaluations, particularly specialty diagnostics, may require a result meeting on a separate day.
8. The student is responsible for restoring the room to its previous condition. This includes putting away all materials and cleaning as needed.
9. **IMMEDIATELY** following the evaluation:
  - a. Audiology: The clinician escorts the client to the business office window and turns in the completed Services Rendered Form (SRF).

- b. Speech-Language: The clinician escorts the client to the business office window so that the business office can confirm that the client has taken care of any financial responsibility they have for the appointment.

**c. FORM(S) MUST BE TURNED IN BY THE END OF THE DAY OF EVALUATION.**

- 10. If the client is not in the lobby at the designated evaluation time, the student will wait in the lobby for 15 minutes. Students should remain in the building during their clinic slot at the faculty member's discretion.
- 11. Speech-Language: A SOAP note should be entered the day of the evaluation appointment. Audiology students, see Policy C-205.
- 12. All Students: If the client cancels or no shows, a SOAP note should be written.
- 13. Speech-Language: Supervisors will turn in their daily log to the coordinator of clinical services at the end of the day with all therapy and evaluation charges for the day listed.

**II. Therapy**

**A. Preparation for Therapy**

**Initial Student/Faculty Member Conference**

The student is responsible for reviewing all information pertinent to planning a therapy program prior to the conference. The student and clinical faculty member will discuss the client's current status and prognosis and will plan the initial treatment session.

- 1. Working folder
  - a. Use of the working folder and its subsequent contents are at the discretion of the faculty member. If established, it must be maintained by the student.
  - b. Information contained in the working folder is considered confidential, and documents must be de-identified of all PHI ([C-221](#)). The only identifier used on the folder or documents can be a unique code determined between clinician and student. Working folders are not to leave the building.

Folders are kept in the designated cabinets at MSHC and filed behind the faculty member's name.

- c. If a client has previously been enrolled in therapy, the faculty member provides the student with the working folder. If not, the student is responsible for creating the folder.

## 2. Therapy Materials

- a. The student is responsible for preparation of materials and organization of the therapy room prior to and following each therapy session.
- b. Therapy materials are available for student checkout in the SLP Materials/Infection Control room in the clinic. Items are to be returned at the end of the day. Additional materials are in rooms for specific programs and are to remain in the rooms in which they are located.

## B. Therapy Procedures

### 1. Weekly Student/Faculty member Conferences

Students meet with their clinical faculty weekly to discuss their clients' progress and plan therapy. Clinical faculty may choose to meet their students as a group or individually.

### 2. Student Absences

Attendance is mandatory for all scheduled diagnostic and therapy sessions. If the student is ill, they should notify the clinical faculty member in charge. A student may request to miss clinic in certain cases and approval is granted by the clinical faculty member and director of clinical education. The student is expected to find a replacement clinician. Please refer to appropriate policies regarding *clinical experiences* ([E-A-102](#), [E-SLP-102](#)).

- a. If the student is not able to attend the session, they must personally contact the faculty member in sufficient time to make the necessary adjustments. Leaving a message is not acceptable.
  - 1) The student is responsible for finding a substitute for the therapy and for providing a therapy plan for the session(s).
  - 2) If a substitute cannot be found, and the faculty member is available to cover the session, then the client is seen at their regular time. The student is to provide the faculty member with the therapy plan.

- 3) If neither a substitute nor faculty member can cover the session, it is the responsibility of the student to contact the client and reschedule the client's session.
- 4) If the client cannot reschedule, then the session is cancelled by the student. No session will be cancelled without the permission of the supervising faculty member.
  - a. Students are not to participate in therapy if contagious or incapacitated. Refer to the policy on Infection Control (Phys-404).

### 3. Meeting the Client

- a.The student is responsible for meeting the client on time in the lobby and accompanying them to the therapy room.
- b. If the client is not in the lobby at the designated appointment time, the student will wait in the lobby for 15 minutes. The student should remain in the building during their clinic slot at faculty member's discretion. The student or faculty member will inform parents/family members or client of policy regarding unattended children and excessive tardiness or absences.

### 4. Length of Sessions

Therapy sessions are scheduled in 15-minute units. Sessions that are 30 minutes in length are terminated after twenty-five minutes. One-hour therapy sessions are terminated after fifty-five minutes.

### 5. Returning the Client to the Lobby

All clients (adult or child) are to be escorted to the lobby by the student.

## III. Beginning and Ending Dates for the Clinic Semester

### A. Beginning

All students are **required** to attend the general orientation meeting **each semester**, as well as orientation meetings specific to their clinical assignments, prior to the beginning of each semester.

B. Ending

Each student is required to remain available until the last day of finals each semester.

C. Breaks

Students can volunteer to see clients or complete research duties during the mid-semester breaks unless the University is closed.

**IV. Grade Reduction for Missing Orientation Meetings**

- A. Missing the general orientation and/or any individual orientation meetings with a clinical educator will automatically result in a reduction of the student's grade for the Professionalism/Administrative Accountability section.
- B. If an emergency or outstanding circumstance occurs that conflicts with orientation, the student must submit a written explanation to the appropriate Director of Clinical Education at least two weeks prior to the general orientation meeting.
- C. The AuD/SLP Director of Clinical Education will determine if the student is excused from attending orientation.
  1. If excused, there will be no grade penalty, but the student will be responsible for any information missed during the general orientation and/or individual orientation meetings.
  2. If unexcused, the student's grade for Professional/Administrative Accountability section will be reduced. The student will be responsible for any information missed during the general orientation and/or individual orientation meetings.
- D. Individual clinical educators will use their discretion in determining how they want the student to access missed information (recorded orientation, virtual participation, notes from a fellow student, etc.).



**School of Communication  
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**Clinical Operations**

Policy Number	<b>C-A-208</b>
Effective Date	August 9, 2012
Supersedes Date	June 1, 2006
Review Date	May 2023
Approval	

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**SUBJECT:** **On-Call Clinic and Hearing Aid Drop-Off Procedures**

**POLICY:** The On-Call service is designed for ***brief*** (15 minute) visits to address routine hearing aid problems such as assessing hearing aids for possible repair, performing minor in-office repairs, changing earmold tubing and thin tubes, obtaining earmold impressions, fitting earmolds/domes, and replacing accessories.

**PROCEDURE:**

- I. When established client comes in during On-Call to have hearing aid(s) checked**
  - A. Patient arrives and signs in at front desk.
  - B. Business office prepares SRF form, pulls all files and places in file pick up tray. Old charts are pulled upon request.
  - C. After obtaining patient's name, front desk personnel notify student or on-call faculty member that an on-call patient has arrived.
  - D. Business office personnel direct patients to waiting area and inform that he/she will be seen as soon as possible.
  - E. After patient is seen, the supervising audiologist will complete SRF form based on procedures completed with the patient.
  - F. Supervising audiologist/student escorts patient to Business Office window to check out
- II. Drop-off procedures when On-Call Clinic is not in session**
  - A. Patient arrives at front desk and is given the in-office repair form to complete.
  - B. After completing the form, the patient turns in device(s) and form to business office personnel. Business office reviews the form to ensure completion.

- C. Business office personnel tell patient that he/she will be contacted by Audiology within two business days.
- D. Business office personnel place device(s), patient file and completed Hearing Aid Service Request Form in the red bin marked as “Drop Box” on top of the metal rack.
- E. Any device dropped off before 1:00 PM will be inspected the same day. Any device dropped off after 1:00 PM will be inspected the following day.



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**Clinical Operations**

Policy Number	<b>C-A-209</b>
Effective Date	August 9, 2012
Supersedes Date	March 2009
Review Date	May 2023
Approval	

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**SUBJECT:** **Checking in Earmolds, Hearing Aid Repairs and New Hearing Aid Orders**

**POLICY:** Audiology Faculty or student clinician will document details of earmold order, hearing aid repair and/or hearing aid orders on the Audiology Orders Spreadsheet. Faculty or student clinician should also enter any billing information in comments section. Business Office personnel will check-in devices and accessories that come in through USPS, UPS, FedEx, or other delivery companies for clients.

**PROCEDURE:**

**I. Business Office Personnel**

All arriving orders will be received by the Business Office. Business Office Personnel will complete a "Hearing aid check-in tracking" form. The business associate pulls file and places the tracking form, patient's file, and devices in the appropriate box, indicating a new order or an order returning from repair in the Hearing Aid Workroom (CHB 1010). The business associate places the invoice in the appropriate box.

**II. Faculty Member or Student Clinician**

Faculty member or student clinician will call patient or notify the business office to call patient and schedule appointment to pick up device(s) and/or accessories. All device and accessory orders and/or repairs will be documented by Audiology Faculty or a student clinician according to check-in procedures on the Audiology Orders spreadsheet. The device(s) and/or accessories are to be placed in appropriate box, indicating it is ready to be picked up.



Policy Number	<b>C-210</b>
Effective Date	9/3/2021
Supersedes Date	5/3/2019
Review Date	May 2023
Approval	

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**SUBJECT:** **Dress Code and Conduct for Students, Staff and Faculty Involved in Clinic**

**POLICY:** Professional appearance/conduct is required when serving clients or when conducting MSHC business

**I. Examples of Appropriate Dress/Appearance**

- A. U of M ID badges are to be worn on the upper torso when working with clients.
- B. Students should wear appropriate attire, such as slacks or khakis, a dress shirt / blouse of appropriate length and neckline, a skirt or dress at the knee or below, and closed-toe shoes.
- C. Offsite facilities may require specific attire or have specific restrictions. It is the responsibility of the student to learn what the dress codes are and to follow them.
- D. Dress code requirements may be modified for special events (e.g., field trips and outdoor clinics) at the discretion of the MSHC clinical director.

**II. Examples of Inappropriate Dress/ Appearance**

- A. Shorts
- B. Jeans
- C. T-shirts with writing
- D. Athletic attire
- E. Tank tops and tops with spaghetti straps must be covered with a jacket or a shirt
- F. Open toe shoes (due to infection control), athletic shoes, casual sandals including flip-flops, or stilettos are not allowed in clinic.

**III. Examples of Potentially Inappropriate Dress/Appearance**

- A. Visible piercings other than the ears may be distracting.

- B. Visual body art (e.g., tattoos) may be distracting and/or offensive. Be prepared to cover it.
- C. Subdermal implants (e.g. A subdermal **implant** refers to a body modification that is placed underneath the skin, therefore allowing the body to heal over the **implant** and creating a raised design) as may be distracting and/or offensive. Be prepared to be able to cover it with clothing in some way.
- D. Hair colors that would not be of natural origin may be distracting. Be prepared to be notified if this is found inappropriate.
- E. Students are expected to use good professional judgment regarding dress. If the clinical faculty member considers a student's dress inappropriate, the student may be asked to return home to change.

#### **IV. Appropriate Conduct**

- A. Student clinicians are not to take food or drinks into the therapy/diagnostic sessions unless there is a social event associated with the session.
- B. Student clinicians are not to chew gum during therapy/diagnostic sessions.
- C. The details of this policy apply to a public clinical setting, regardless of whether the individual is actively involved in the clinic.
- D. Cellphones should not be visible in a session unless being used for clinical purposes.



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Policy Number	<b>C-211</b>
Effective Date	August 19, 2012
Supersedes Date	September 7, 2001
Review Date	May 2023
Approval	

**SUBJECT:** **Malpractice Insurance for Students and Faculty Who Provide Clinical Services**

**POLICY:** All students and faculty members who provide clinical services must have malpractice insurance.

**PROCEDURE:**

**I. Students**

Malpractice insurance covering students will be provided and paid for by the School of Communication Sciences & Disorders.

**II. Faculty**

All clinical faculty are required to carry personal malpractice insurance to be credentialed to bill insurances.



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Policy Number	<b>C-212</b>
Effective Date	August 18, 2022
Supersedes Date	January 25, 2011
Review Date	August 2024
Approval	

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**SUBJECT:** **Criteria for Hearing Evaluation Prior to Speech-Language Evaluation**

**POLICY:** All children younger than 36 months of age at the time of the evaluation who are scheduled for a speech-language evaluation must be seen for a hearing evaluation or submit a recent hearing evaluation (to include hearing sensitivity and middle ear function) from a licensed audiologist/professional.

**PROCEDURE:**

**I. Audiologic Testing at Another Facility**

- A. Submission of external hearing evaluations are reviewed by an audiology faculty member and is evaluated on completeness and reliability that qualifies hearing is appropriate for communication.
- B. The audiologist will discuss with the speech-language pathologist any recommendations for further audiological testing prior to the scheduled speech-language evaluation appointment.

**II. No Previous Testing**

If hearing test results are not available or the audiologist determines that external results obtained are incomplete, a hearing test is scheduled prior to or in conjunction with the speech-language evaluation.



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**Clinical Operations**

Policy Number	<b>C-213</b>
Effective Date	August 18, 2022
Supersedes Date	August 19, 2012
Review Date	August 2024
Approval	

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**SUBJECT:** **Limitations to Scheduling Clients for Diagnostic Services**

**POLICY:** Clients with a history of absences or a delinquent account with the Memphis Speech and Hearing Center will not be re-scheduled for diagnostic appointments.

**PROCEDURE:**

**I. Missed Appointments**

- A. Clients will not be rescheduled for diagnostic appointments if they fail to show for the appointment. The client will be added to an on-call list and will have an opportunity to schedule for the following semester. The MSHC Coordinator may make this determination.
- B. A no show policy is in effect ([Policy C-219](#)) and attendance policies for therapy can be found in [Policy C-202](#).

**II. Outstanding Balance**

Clients will not be scheduled for diagnostic or therapy appointments when the business associate and MLH associate determine that the client has an outstanding balance from a previous semester. The client may arrange a deferment plan with MLH.



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Procedure Number	<b>C-214</b>
Effective Date	August 18, 2022
Supersedes Date	June 1, 2013
Review Date	August 2024
Approval	

**SUBJECT:** **Hearing aid(s) returns to the Memphis Speech and Hearing Center for credit**

**PROCEDURE:**

- I. Patient returns hearing aid(s) to clinician or front desk staff member
  - A. Patient will complete the *Hearing Aid Request form* and indicate reason for return
  - B. Clinician and/or business staff will:
    1. Collect hearing aid(s) and all parts from patient and put in hearing aid bin on shelf and notify dispensing audiologist
    2. Notify the patient that they will not be reimbursed, per contract, for shipping and handling charges, professional services, ear impressions or earmolds.
    3. Complete a *Services Rendered form (SRF)* in the amount of the hearing aid (credits are to be delineated with brackets) and submit to the business office for credit
      - a. Service fees are not included in return amount
      - b. Shipping and handling costs are not included in return amount
      - c. Ear impressions
      - d. Earmolds
    4. Dispensing audiologist will complete the manufacturer's specified return form, place in MSHC Manager's box and return aid(s)
    5. Dispensing audiologist will make note on the *Audiology Orders spreadsheet* in the returned devices tab.
    6. Dispensing audiologist will submit the *Hearing Aid Request form* to the MSHC Manager.
  - C. MSHC Coordinator and MLH Operations Manager will:
    1. Verify credit has been posted in GE system
    2. Complete necessary reimbursement paperwork for Methodist-Le Bonheur Healthcare.



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Procedure Number	<b>C-216</b>
Effective Date	August 18, 2022
Supersedes Date	June 1, 2013
Review Date	April 2024
Approval	

**SUBJECT:** **Hearing Aid Dispensing Procedure for Memphis Speech and Hearing Center Patients**

**PROCEDURE:**

I.     Hearing Evaluation Appointment

    A. Clinician will

1. Determine need for hearing aid services and/or other options for amplification
  - a. Give patient a copy of the *Procedures for Obtaining a Hearing Aid at MSHC* handout and review the handout with them.
  - b. Document in Cerner that the *Procedures for Obtaining a Hearing Aid* handout was given and reviewed with the patient.
2. Schedule appropriate follow-up appointments with business office.
  - a. All hearing aid appointments should be scheduled in the following manner:
    - 1) Hearing Aid Examination and Selection-1 week following HE
    - 2) Hearing Aid Fitting and Orientation-2 weeks following HAE/S or once the hearing aid is received from the manufacturer.
    - 3) Follow-Up-2 weeks following fitting
    - 4) Hearing Management Group - on next scheduled dates
3. Complete SRF for hearing evaluation appointment

II.    Hearing Aid Examination and Selection Appointment

    A. Clinician will:

1. Following choosing the hearing aid, the clinician will indicate on the *Hearing Aid Purchase Agreement* the total cost of the hearing aid including shipping and handling, and additional features or accessories.

2. Review the *Hearing Aid Receipt* with the patient to ensure they understand each section including:
  - a. Medical waiver vs. medical clearance, when necessary.
  - b. Payment due dates (Memphis Speech and Hearing offers NO payment plan)
    - 1) Half of the cost of the hearing aid is due at the time of order
    - 2) Remaining balance is due at the hearing aid fitting and orientation appointment
  - c. Service fees are separate from the cost of the hearing aid and are non-refundable. HAE fee is due on the day of the selection and the fitting and dispensing fees are due at the hearing aid fitting and orientation appointment.
  - d. Return policy
  - e. Additional costs may apply
3. If an ear impression is taken, the clinician will review the cost for the ear impression(s) and ear mold(s) and have the patient sign the *Consent for Taking Ear Impressions*. Standard ear mold(s) remain at the current price. Specialty ear mold(s) will require a price quote.
4. The student will fill out an audiology quote sheet, documenting all allocated charges for device(s), accessories, and shipping.
5. The clinician will complete a *SRF* for the total cost of the hearing aid including shipping and handling, added items or accessories, earmolds and impressions if applicable, and service fees for the appointment.
6. The clinician will include all the above information in a letter to the patient following the appointment
7. Clinician will complete an *SRF* for the following:
  - a. HAE/S appointment
  - b. Total cost of hearing aid(s)-only  $\frac{1}{2}$  is due, but total cost is billed
  - c. Ear impression(s), if applicable
  - d. Ear mold(s), if applicable

### III. Hearing Aid Fitting and Orientation appointment

- A. The remaining portion of the *Hearing Aid Receipt* will be completed, and the clinician will have the patient sign the agreement. A copy is given to the patient at check-out. Review the agreement and ensure understanding of fees included and not included in future appointments, i.e., product versus appointments during first year.
- B. The clinician will complete the *SRF* with the following charges

1. Dispensing fee
2. Hearing Aid Fitting and Orientation



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Procedure Number	<b>C-217</b>
Effective Date	August 9, 2012
Supersedes Date	June 1, 2006
Review Date	May 2023
Approval	

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**SUBJECT:** Client Check in Procedures - Business Office personnel will receive and check-in clients prior to providing services

**PROCEDURE:**

**I. New Clients**

- A. Client is received by individual at Front Office Desk and asked to sign in.
  - B. Client must complete the MSHC-ULPS packet.
  - C. Business Office Personnel
    1. Make a copy of client's insurance card (front and back) and driver's license
    2. Check for precertification with insurance carrier, if applicable
    3. Collect co-pay, if applicable
      - \* Note 1: Every effort will be made to send paperwork to client in advance and to pre-certify visit prior to day of appointment.
      - \* Note 2: If client states they do not have their insurance card, an attempt is made to obtain verification of services. If carrier cannot verify coverage while client is at the Center, the client is informed that he/she will have to pay for that day's service or reschedule the appointment
- Submit documents in accordance with the HIM procedure (C-206)

## **II. Returning Clients**

- A. Client is received by individual at Front Office Desk and is asked to sign in.
- B. The business associate will confirm that all paperwork is up to date.
- C. If client has **NOT** been seen within the past year, the business associate will:
  - 1. Ask the client to complete required paperwork (General Consent, Education Release, and Demographic Info) and update information in the billing system
  - 2. Obtain a copy of the current insurance card (front and back) and driver's license
  - 3. Check for precertification with insurance carrier
  - 4. Place patient label on top portion of the Services Rendered Form (SRF), and complete bottom portion of SRF when applicable.

## **III. Therapy Clients**

- A. First day of therapy client will check in with business office and update any of the necessary forms.
- B. The business associate will:
  - 1. Make copy of insurance card (front and back) and driver's license
  - 2. Check with Carrier for precertification if not completed prior to visit
  - 3. Collect co-pay each visit, if applicable.

## **IV. All clients**

Client's file is not to be removed from the Business Office area until the client has completed the check-in process.



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Procedure Number	<b>C-218</b>
Effective Date	August 9, 2012
Supersedes Date	June 1, 2006
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Approval	

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**SUBJECT:** Client Check Out Procedures

**PROCEDURE:**

**I. Check Out**

- A. Client is accompanied to checkout by student or clinician with file and completed SRF to include, circled procedures, ICD-10 codes, hearing aid repair and/or order charges, signature and State license number of the clinician. Blue ink color should be used to complete the SRF in order for business office to see all circled CPT codes.
- B. Hearing aid repairs should be charged the day it is sent for repair (even if patient is not present)
  1. Repair charges should include the following:
    - a. Cost of repair,
    - b. Shipping and handling,
    - c. Electroacoustic analysis (monaural or binaural) if beyond the first year and/or out of warranty
    - d. Unexpected additional charges may apply to the cost of the repair (i.e. recase); therefore, the patient should be advised of this possibility and the additional charges will be assessed at the time of pick-up.
- C. Hearing aid orders should be charged the day of order
  1. Clinician will complete a *SRF* for the total cost of the hearing aid including shipping and handling, added items or accessories, earmolds and impressions if applicable, and service fees for the appointment.
  2. Half of the cost of the hearing aid is due at time of order

3. Remaining balance is due at the hearing aid fitting and orientation appointment
  4. Service fees are separate from the cost of the hearing aid and non-refundable
- D. Business office personnel will total charges for the day on the SRF. If client does not have insurance coverage, they should pay for services at checkout time.
- E. All products are to be paid for when patient receives them.



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**Clinical Operations**

Policy Number	<b>C-219</b>
Effective Date	September 3, 2021
Supersedes Date	September 1, 2013
Review Date	May 2023
Approval	

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**SUBJECT:** **Client No Show Policy**

**POLICY:** It is the client's responsibility to notify the office at least 24 hours in advance of their scheduled appointment to reschedule or cancel. Individuals who fail to show for three scheduled appointments without providing 24-hour notice are informed that the Memphis Speech and Hearing Center will be unable to provide additional services and they will be dismissed from the program for the semester.

**PROCEDURES:**

**I. Clients**

All clients seen at the Memphis Speech and Hearing Center (excluding other agreements) are subject to this policy to include University students and regardless of their insurance coverage.

**II. Clients Seen for Evaluations**

- A. Clients will be told of the policy at the time the appointment is made. In addition, a notice will be included in the paperwork sent to the client prior to the appointment.
- B. Notation of the no show will be noted in Cerner and on the daily sign in sheet.

**III. Clients Seen in Therapy**

- A. The business office staff will give the client the attendance policy in writing at the time of their first therapy appointment.
- B. The clinician will note on the daily attendance sheet whether missed sessions were canceled by the clinician or client or if the client did not keep the appointment.
- C. Clients who have three unexcused appointments in a 90-day period may be dismissed from therapy. ([Policy C-202](#))



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**Clinical Operations**

Policy Number	<b>C-220</b>
Effective Date	August 19, 2012
Supersedes Date	June 5, 2008
Review Date	May 2023
Approval	

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**SUBJECT:** Straight to Therapy Admission Process

**POLICY:** Clients wishing to be admitted to therapy without having an evaluation at the MemphisSpeech and Hearing Center must submit the results of a complete speech/language evaluation. The evaluation must be administered by a certified speech-language pathologist and include test results with standard scores, if applicable. If the client is a child under the age of three years, the parent or guardian must submit the results of a hearing evaluation completed by a certified audiologist. Any client above the age of three years will undergo a hearing screening upon admission. All tests must be "current," defined as: within six months for birth to four-year old; twelve months for children above four years of age.

**PROCEDURE:**

I. **Verbal request from client/parent/caregiver or professional**

- A. When the request is received to bypass the evaluation and be directly enrolled into therapy, the business office personnel taking the call will do the following:
  1. Describe the "Straight to Therapy" process
  2. Describe the Waiting List process
  3. Explain the nature of a student training program. Specifically, that student clinicians provide services under the supervision of a certified clinician.
  4. Convey that the appropriate therapy programs are recommended only after all reports are reviewed by the clinical supervisor.
  5. Inform the caller about Tennessee Early Intervention Services (TEIS) if the child is under age three
  6. Request all required documentation, as listed below:
    - a. A complete current speech/language evaluation administered by a certified speech/language pathologist. "Current" means within six months for children ages birth to four and twelve months for individuals four and above.

- b. A complete current (within six months) hearing evaluation administered by a certified audiologist if the child is under the age of three years.
  - c. Inform them that once a slot is available A physician's referral is necessary if services are to be covered by insurance
7. If asked, provide three resources of information regarding other therapy providers.
8. Obtain insurance provider information
9. Report therapy fee schedule

**II. Intake Information**

- A. The designated business associate stores intake information in a holding file until all required reports are received.
- B. Once reports and documentation are received, they are placed in a manila file with no client number and forwarded to the reviewing SLP or Audiologist.

**III. Evaluation information is reviewed**

- A. All straight to therapy requests will be managed by an assigned SLP, who will review the speech/language diagnostic report(s) and:
  1. Determine if reports are complete and current
  2. Determine if further testing will be required
  3. Make recommendations/referrals as appropriate
- B. If the child is under the age of three or the client has a significant hearing history the hearing diagnostic information is reviewed by an Audiologist faculty member and will:
  1. Determine if reports are complete and current
  2. Determine if further testing will be required
  3. Make recommendations/referrals as appropriate
- C. If all information is complete the reviewing SLP will request that the office associate contact the parent/client to inform them of the decision.
- D. Following the decision to proceed, a routing form will be

prepared using the submitted evaluation data and designate the disorder(s), severity, recommendations, and recommended therapy program(s). The date of the review will be designated as the evaluation date. The information will be entered in the Client Management System indicating that the client is on the waiting list.

- E. If appropriate, more than one program should be considered when making the recommendation.
- F. The business associate will contact the client/parent to inform them that all paperwork has been received and that they have been placed on the request for services list (waiting list). They will also confirm:
  - 1. At that time the business associate will also confirm: the client/parent(s) name(s), address(es), contact numbers (multiple numbers are helpful) and insurance provider information. They will also remind the (client or caregiver to notify MSHC if any contact information changes.
  - 2. If the client has specific questions regarding the recommendation or any other clinical process, they will be referred to the SLP in charge of the therapy program
- G. If the information submitted for review is incomplete, the reviewing SLP will forward the file to the business associate to contact the parent/caregiver and request the missing data.

**IV. Scheduling the Client**

- A. The faculty member submits information in the Client Management System that indicates the client is "Straight to Therapy".
- B. The business associate will enter the schedule and contact the insurance carrier for precertification if applicable.
- C. The responsible party who calls to schedule the therapy will advise the client to come early on the first day to complete the paperwork. Every effort will be made to have the paperwork mailed to client before appointment.

**V. Client check in on the first therapy visit**

- A. On the first therapy visit the client will sign- in and will follow procedures for the check-in of new clients ([Policy C-217](#)).
- B. The student clinician and faculty member will review the updated information before the session. Additional testing, including a hearing screening, may be performed in the first session.

**Health Information Management (HIM) Procedure**  
**Memphis Speech and Hearing Center**  
**Effective Date 04/01/2017; Review 05/31/2022**

**Procedure:**

1. Receive blue file from the business office
  - a. File will contain FIN labels on the right side of the file (bracketed on).
  - b. File will contain the Client Demographic/Insurance Billing form on the left side of the file (hole punched and in brackets).
2. Once patient is seen and documentation is completed, all documents that need to be entered into Cerner must have a FIN label placed in the **TOP RIGHT HAND CORNER** of every sheet to be scanned (front and back if necessary). Label can be horizontal or vertical.
  - a. Remember FIN labels may not go anywhere else.
3. FIN labels are good for 30-days from initial appointment date for both audiology and speech.
  - a. If within 30 days, you may use the same FIN label
  - b. If not the same, you may inform a business officer to print you a new set of FIN labels.
  - c. Please do not leave blue files laying in the file room or with forms not in the proper trays.
4. HIM trays are sorted by title and a scan code (CDI).
5. Once a FIN label is attached, place the forms in the appropriate tray(s).
  - a. SRF's do NOT get scanned. The business office collects the SRF's to go with the daily folder. If you make a copy for yourself to do charge entries, after completing then please shred.
  - b. Case history forms do not get scanned. They need to be shredded after entry into the Cerner system. If HE precedes SLE, all history information needs to be entered.
6. Speech-Language Evaluation Reports and Documentation
  - a. First page of report should be on MSHC-MLH letterhead.
  - b. Copies are made and mailed to parent/client, referring physician and all on the cc list at the end of the report and documented in Cerner.
  - c. Copy is made to be scanned. FIN label is attached and put in the appropriate tray.
  - d. Original goes in blue folder on the right side with no FIN stickers.
  - e. A copy of the speech-language test forms will need to have a FIN label placed in each

- page and placed in appropriate tray. If label will cover important data, note the information on the form.
- f. The original test forms will be hole-punched and placed behind the report in the blue folder with no FIN sticker.
7. DDS Reports and Documentation
- First page of report should be on MSHC-MLH letterhead.
  - Original is sent to DDS with appropriate paperwork.
  - One copy is made to go in the right side of the blue file.
  - Test forms will be hole-punched and placed behind the report on the right side of the blue file.
  - NO** DDS information is entered into Cerner.
8. Check-In Reports and Documentation
- Invoices will go in JPT's box on her business office desk in tray marked "invoices".
  - Packing slip will be checked and shredded after all parts have been confirmed.
9. Lions Club Reports and Documentation
- All documentation is done the same as any other patient.
    - HE is documented in the Cerner HE.
      - Earmold is also documented in HE report.
      - Keep copy of earmold order form in right side of blue file (under FIN labels) until earmold is received. Once it is received and order checked, shred order form.
    - HAI/O report is documented on the HIPAA internal drive, printed on MSHC MLH letterhead.
      - A copy of the original report is made.
      - The copy will be mailed to patient.
      - Original copy will have FIN labels attached and be put in the appropriate tray.
    - If the patient returns, complete documentation for step 5.
    - The Lions Club application which indicates the HA approval and a copy of the patient's Lions Club card that lists active dates have a FIN label attached and go in outside documentation.
10. Preparing for courier pick up
- Each Friday, the business office will print HIM cover sheets for each of the labeled trays.
  - All papers in each tray will be reviewed to ensure it is in the appropriate scanning code tray.
  - Each set of paperwork will be paper clipped with the appropriate cover sheet and be placed in a brown envelope to be picked up on Monday.
11. A courier will be picking up the documents that need to be scanned, on Mondays. HIM takes less than 7 days to scan documents in once received.

## **References:**

- **HIM**  
Refers to the Health Information Management for scanning documents into the Electronic Medical Records system, Cerner.
- **FIN**  
Refers to the financial identification number assigned to each patient for 30 days from initial date seen. This number will change every 30 days.
- **FIN Label**  
Refers to the label that contains the patient name, MRN, location, date of birth, age, sex, scan code, evaluator and initial date seen.
- **HIM Tray**  
The trays in the file room in the clinic that have various scan codes (CDI-alias codes) assigned for HIM to scan into the proper place within the EMR system
- **EMR**  
Electronic medical record. The system used by MSHC is Cerner.
- **SRF**  
Services rendered form. This is the internal form used to bill patients.
- **MRN**  
This is the patient's file number.
- **GCOA**  
General Consent of Authorization
- **REL**  
Race, ethnicity and language form
- **Orders**  
Orders are referral documents from the physician

**Scan Codes:**

Hearing Screening	80	Orders	065
Hearing Aid Information	204	Outside Records	999
Audiology	200	Release of Information	222
Rehab Eval/Discharge	51	REL	333
Rehab Docs	50	Billing/Insurance	09
Misc	33	GCOA	24
Legal Documents	224	Auth Consents	555

**Business Office Forms:**

Document	Responsibility	Procedure
Services Rendered Form	Business Office	File in daily folder. DO NOT SCAN. If students/ supervisors need a copy for charge entry, shred after use.
Client Demographic Information	Business Office	Enter in Cerner. Hole-punch and put on left side of blue file.
General Consent for Care/Authorization	Business Office	Put FIN label in top right corner of sheet, put in <b>GCOA 24 tray</b>
Education and Research Release	Business Office	Put FIN label in top right corner of sheet, put in <b>Authorizations Consents 555 tray</b>
REL Form	Business Office	Put FIN label in top right corner of sheet, put in <b>REL 333 tray</b>
Release of Information	Business Office	Put FIN label in top right corner of sheet, put in <b>Release of information 222 tray</b>
Insurance card and eligibility information	Business Office	Put FIN label in top right corner of sheet, put in <b>Billing/Insurance 09 tray</b>
Referral forms/Physician Orders	Business Office	Put FIN label in top right corner of sheet, put in <b>Orders 065 tray</b>
Case History Forms (Adult/Child)	Students & Clinical Faculty	Enter all data (hearing and speech) in Cerner. Shred AFTER supervisor(s) signs final report. <sup>1</sup>
Invoices	JPT	Put in JPT clinic box in the business office. If clinician needs ones for any reason, keep in the blue file with a sticky note that says, "Please leave in blue file".
Outside Agency Forms/Reports	Students & Clinical Faculty	Put FIN label in top right corner of sheet, put in <b>Outside Records 999 tray</b>

**Speech Forms:**

Document	Responsibility	Procedure
Tests Forms	Students & Clinical Faculty	Put FIN label in top right corner of copied forms (completed pages only), put in <b>Rehab docs 50 tray</b> . <sup>2</sup>
Diagnostic Reports	Office Staff	Put FIN label in top right corner of copy, put in <b>Rehab Eval/Discharge 51 tray</b> . <sup>3</sup>
Working Data	Students & Clinical Faculty	Document in report then shred.

**Audiology Forms:**

Document	Responsibility	Procedure
Step 1 Follow Up Phone Call	Students & Clinical Faculty	Document in Cerner then shred.

<sup>1</sup> This does not pertain to DDS case history forms, which are kept in the chart (left side).

<sup>2</sup> This does not pertain to DDS test forms, which are kept in the chart (right side) and not entered into Cerner.

<sup>3</sup> This does not pertain to DDS reports, which are kept in the chart (right side) and not entered into Cerner.

Considerations for Choosing a HA	Students & Clinical Faculty	Document in Cerner then shred.
Summary Sheet/Subjective Verif.	Students & Clinical Faculty	Keep in file until Step 5 is done. Document in Cerner then shred
Pre-Fit Interview	Students & Clinical Faculty	Document in Cerner then shred.
Hearing Aid Protocol Summary	Students & Clinical Faculty	Document in Cerner then shred.
COSI Questionnaire	Students & Clinical Faculty	Keep in file until Step 5 is completed with sticky note that says, "Keep in file until completed". Document in Cerner then shred
Fine Tuning Guidelines	Students & Clinical Faculty	Document in Cerner then shred.
Client Refusal to Test Form	Students & Clinical Faculty	Put FIN label in top right corner of sheet, put in <b>Misc. 33 tray</b> .
Consent Form for Taking Ear Imp.	Students & Clinical Faculty	Put FIN label in top right corner of every sheet, put in <b>Hearing Aid Info 204 tray</b> .
Directionality/DNR Print Form	Students & Clinical Faculty	Put FIN label in top right corner of every sheet, put in <b>Hearing Aid Info 204 tray</b> .
Verifit Printouts (SpeechMapping, RECDs, Simulated REM)	Students & Clinical Faculty	Put FIN label in top right corner of every sheet, put in <b>Hearing Aid Info 204 tray</b> .
Hearing Aid Purchase Agreement	Students & Clinical Faculty	Put FIN label in top right corner of every sheet, put in <b>Hearing Aid Info 204 tray</b> .
Hearing Aid Purchase Receipt	Students & Clinical Faculty	Put FIN label in top right corner of every sheet, put in <b>Hearing Aid Info 204 tray</b> .
Int't Outcomes Inventory IOIHA	Students & Clinical Faculty	Put FIN label in top right corner of every sheet, put in <b>Hearing Aid Info 204 tray</b> .
Medical Clearance Form	Students & Clinical Faculty	Put FIN label in top right corner of every sheet, put in <b>Orders 065 tray</b> .
Hearing Aid Service Request Form	Students & Clinical Faculty	Put FIN label in top right corner of every sheet, put in <b>Hearing Aid Info 204 tray</b> .
Rehab Assessment Interview Form	Students & Clinical Faculty	Document in Cerner after Step 5 and shred.
Post-Fit Structured Interview (2d)	Students & Clinical Faculty	Document in Cerner then shred.
Patient Agreement for Fitting of Hearing Devices Purchased from an Outside Source	Students & Clinical Faculty	Put FIN label in top right corner of every sheet, put in <b>Hearing Aid Info 204 tray</b> .
Fine Tuning Questionnaire	Students & Clinical Faculty	Send home with patient after Step 4. Document in Cerner after Step 5 and shred.
Hearing Aid Quotes / Clinic Fees	Students & Clinical Faculty	Document in Cerner then shred.
CaptionCall Prof. Certification	Students & Clinical Faculty	Submit to Caption Call. Document in report then shred.
Aided Detection of Warble Tones	Students & Clinical Faculty	Document in Cerner then shred.
AzBio Sentence Test Score Sheet	Students & Clinical Faculty	Document in Cerner then shred.

BKB-SIN Test Score Sheet	Students & Clinical Faculty	Document in Cerner then shred.
CID-W22 Word List	Students & Clinical Faculty	Document in Cerner then shred
Common Phrases Test	Students & Clinical Faculty	Document in Cerner then shred.
Early Speech Perception (ESP)	Students & Clinical Faculty	Document in Cerner then shred.
GASP Test	Students & Clinical Faculty	Document in Cerner then shred.
Working data (tympanogram sheets, written audiograms, SRT forms, word recognition lists)	Students	Document in report then shred.

**PART THREE:**

**PHYSICAL OPERATIONS**

**POLICIES AND PROCEDURES**

	<b>School of Communication Sciences &amp; Disorders The University of Memphis</b>	Policy Number	<b>Phys-301</b>
		Effective Date	August 8, 2022
		Supersedes Date	January 25, 2019
		Review Date	May 2025
		Approval	

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## **SUBJECT: Office, Clinic, and Research Laboratory Space Assignment**

### **POLICY:**

Assignment of office and research laboratory space is made by the Dean of the School of Communication Sciences and Disorders. Classroom assignments are made by the Associate Dean of Graduate Studies when the semester schedule is determined. Other spaces (conference rooms, meeting spaces, etc.) are formally reserved through the Administrative Associate. Clinic space is assigned by designated clinical faculty.

### **PROCEDURE:**

#### **I. Offices**

##### *Faculty & Staff:*

- The CSD Dean assigns faculty and staff offices and closet storage.
- Laboratory space is assigned with consideration for the faculty member's research needs.
- CSD Emeritus faculty members are not guaranteed a private office.
- A designated, shared office space will be available to CSD adjunct faculty or part-time faculty/instructors during the semester they are teaching or working with students, if available.
- Space justifications may be requested at any time.

##### *Students:*

- New PhD students will be assigned carrel space in the PhD workroom (room 2030). Students at the dissertation stage of their program (after courses and comprehensive examinations) are eligible for offices upon request and availability.
- Office space may also be assigned to PhD students with written justification of the need of an office. Reasonable requests include work assignments requiring some privacy, such as teaching or clinical supervision.
- AuD and MA students may use the CSD HIPAA lab (room 2015) on the second floor in order to complete clinic reports on a first come, first serve basis. The computer lab in 2028 may also be used by all CSD students; however there are no connections to the HIPAA server.
- Private offices are not provided for AuD or MA students.

## **II. Classrooms & Conference Rooms**

Request for classrooms and 3<sup>rd</sup> floor conference rooms, to use on a temporary basis, may be scheduled with the School Administrative Associate. 4<sup>th</sup> floor conference rooms are available by making reservations in the student study space spreadsheet maintained by the School Administrative Associate. Email [fwright2@memphis.edu](mailto:fwright2@memphis.edu) if you need more information. Please reserve as early as possible to ensure access to the desired spaces.

## **III. CSD Clinic Facilities**

- A. Therapy rooms for internal use (CSD faculty) and external use are reserved in the online Skedda scheduling system. SLP Director of Clinical Education provides clinicians with Skedda user accounts and monitors room use and accessibility.
  - CSD/MSHC, contact Justine Springs ([jsteele@memphis.edu](mailto:jsteele@memphis.edu))
  - Outside of CSD, contact Katherine Mendez ([krgraham@memphis.edu](mailto:krgraham@memphis.edu))
- B. Audiology booths are used on a first come, first serve basis with the exception of some booths periodically reserved for special purposes.
  - For booth reservations, contact the Director of Clinical Education in Audiology (x5800). Temporary assignments are to be scheduled with the Director of Clinical Education in Audiology as needed.
  - Audiology booths for external use must be reserved through the Director of Clinical Education in Speech Pathology (x5800).
- C. The business office door is locked, and admission is subject to approval of the HIPAA officers via the CSD administrative associate. CSD students are only to be in the business office to access the file room or complete GA tasks. Non-CSD personnel should not be in the business office without authorization.
- D. There should be minimal traffic in the business office. Individuals who use this space are responsible for ensuring all access doors to the business office are closed and locked when not currently in use.

## **IV. Research Facilities**

Requests for scheduling research space and equipment should be made only with the consent of the faculty member directing the project. The use of space in a particular laboratory should be requested through the primary faculty member who has responsibility for the laboratory. This should be done well in advance of the proposed use of the lab.

## **V. All other space issues should be directed to the Dean.**



Policy Number	<b>Phys-302</b>
Effective Date	August 18, 2015
Supersedes Date	September 7, 2001
Review Date	May 2023
Approval	

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**SUBJECT:** **Clinical Materials and Equipment Requests**

**POLICY:** MSHC clinical materials and equipment are the property of the School of Communication Sciences and Disorders and are available within the School for research, clinical, or classroom activities. Individuals who are not members of the School of Communication Sciences and Disorders are not permitted to use the equipment and/or materials without express permission of the Dean of the School. Special permission to remove materials/equipment from the premises is required.

**PROCEDURE:**

**I. MSHC/CSD Clinical Materials/Equipment**

- A. Use of the equipment for clinical activities should be requested through the respective Director of Clinical Services (SLP or Audiology).
- B. CSD students may check out therapy materials from the designated infection control/materials rooms. Equipment, tests, and test forms need to be checked out using the EZOffice app. All items are to be returned and checked in at the end of the day.
- C. Materials and equipment should not be removed from any therapy room without notifying the Director of Clinical Services of SLP or from a sound suite or clinic rooms without notifying the Director of Clinical Services of Audiology.
- D. The portable audiometers in the sound rooms are not to be removed or checked-out for screenings.
- E. The portable audiometers available for use at satellite programs can be checked out from the audiology infection control/materials room. Those used for Head Start and preschool screenings are located in the SLP materials room, Sam Cooper.

**II. Classroom and Research Equipment**

Classroom and research equipment can be obtained through the permission of the professor directing the research laboratory or class involved. Priority will be given to sponsored research activities and approved dissertation activities.

**III. Audio-Visual Equipment**

- A. The checking out of portable equipment (e.g., camcorders) will be through the Audiovisual Multimedia Specialist.
- B. Repairs of equipment and materials should be reported immediately to either the clinical faculty member or the instructor in charge.
- C. CSD school equipment and materials are extremely costly and fragile and caution must be taken to protect all of them. If they are abused or lost, limited funding will not normally permit immediate replacement.

	School of Communication Sciences & Disorders The University of Memphis	Policy Number	<b>Phys-303</b>
	Physical Operations	Effective Date	August 30, 2022
		Supersedes Date	August 10, 2020
		Review Date	May 2025
		Approval	

**SUBJECT:** **Building Use**

**POLICY:** The spaces used by CSD should be kept clean, safe, and secure. The building is staffed for clinical services weekdays between 8:00 a.m. and 5:00 p.m. CSD students may have access to the clinic, sound rooms, and student computer area during evenings and on weekends.

**PROCEDURE:**

**I. Building Access**

- A. The University ID badge provides electronic swipe-access to the building, student workrooms, and CSD/MSHC clinic space. It is activated through the CSD Dean's office based on individual access needs.

CSD students may use the building during evenings and on weekends; however, caution should be used during these times. Students are advised not to keep late hours at the Center. If entering or exiting the building after dark, please do so in groups.

When leaving late, call Building Security (x3848) for an after-hours escort to your car. Alternatively, the Tiger Patrol/Police Service has a 24/7 on-campus escort program, which one can reach by calling 901-678-HOME.

**II. Building Security**

- A. The north doors to the building (facing Park Avenue) are unlocked from 7:30 a.m. to 6:00 p.m. The security desk is manned from 6:30 a.m. till 7 p.m. The south doors (facing parking lot) are always locked.
- B. You must have your ID badge to enter the building at any time that the exterior doors are locked. The security guards have permission to stop anyone who is not wearing an ID badge.
- C. Do not prop open building doors for any reason. Do not open the doors for anyone you do not know who cannot produce a University ID. Make certain that you completely close exterior doors when you are entering or exiting the building, especially on weekends and at night.
- D. All stairwell doors onto the floors should be closed after 8 PM and on the weekends.
- E. Report any door access issues to the CSD Administrative Associate (x5877) as soon as you notice them.

### **III. Library**

- A. The library is located on the second floor of the CHB and staff are available Monday through Thursday 8:00 a.m. to 6:00 p.m.; Friday 8:00 a.m. to 4:30 p.m.; and Monday through Friday 8:00 a.m. to 4:30 p.m. between semesters. The library is not open on the weekends.
- B. All books and/or materials must be returned on or before the designated date to avoid a late fee charge.
- C. The library is to be kept quiet at all times.

### **IV. Classrooms, Research Labs and Therapy Rooms**

- A. All faculty, staff, and students are expected to help maintain all classrooms, research labs, and clinic rooms. This includes individual responsibility to help always keep these areas clean and orderly.
- B. Items/signage are not to be attached to walls, doors, or cabinets either by nails, tape or any type of adhesive, without approval from the CSD Dean.

### **V. Physical Plant Maintenance and Repairs**

- A. Any problem with building operation should be reported immediately to the CSD Administrative Associate (x5877)
- B. Including, but not limited to:
  - temperature control
  - elevator operation
  - water and waste drainage
  - swipe-card function

### **VI. Smoke Free Area**

The Community Health Building/Memphis Speech and Hearing Center has been designated as smoke free in order to offer an optimum environment for clients and employees. Therefore, smoking is not permitted in the building.

### **VII. Mailboxes**

- A. First floor, clinic area mailroom: CSD clinical faculty and staff
- B. Second floor mail room: CSD MA and AuD students are assigned mailboxes. Students should check their mailboxes and E-mail daily.
- C. Second floor PhD student lab: CSD PhD students are assigned mailboxes. Students should not utilize the School's address as their permanent mailing address.
- D. Tenure Track Faculty and Research Staff: TT faculty and research staff are assigned mailboxes in the 3<sup>rd</sup> floor workroom. Personal deliveries and mail should not be sent to the School.

## **VII. Collaboration Space**

Spaces are available for all students to congregate and break from class/clinic. The Collaboration Space on the 3<sup>rd</sup> floor is designated for Graduate Student use. Room 4016 is designated for CSD student use and is available 24/7.

Quiet space for individual and group study can be accessed in the Health Sciences Library or by reservation with the CSD Administrative Associate. See Policy 301 for locations and reservation procedures.

## **VIII. Food Services**

- A. The Atrium Café on the first floor is open during the semester when classes are held in the building. It is not open in the summer or during University breaks.
- B. A refrigerator and microwave are available to CSD clinical students in the closet of Room 2015 on the 2<sup>nd</sup> floor. PhD students have access to a refrigerator and microwave in the PhD Student lab (CHB 2030) on the 2<sup>nd</sup> floor. There are also refrigerators and microwaves in the Clinic breakroom (1<sup>st</sup> floor) and Dean's Suite breakroom (3<sup>rd</sup> floor). These are available as long as they remain clean.
- C. There are vending machines located in the 2nd and 3rd floor collaboration spaces. If you discover they are empty, please let the School Administrative Associate know.

## **IX. COVID related Procedures**

- A. For guidance associated with containing the spread of COVID, please see:  
<https://www.memphis.edu/coronavirusupdates/>  
<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

	<b>School of Communication Sciences &amp; Disorders The University of Memphis</b>	Policy Number	<b>Phys-304</b>
		Effective Date	
		Supersedes Date	March 1, 2018
		Review Date	May 2023
		Approval	

**SUBJECT:** **Emergency Situations**

**POLICY:** All personnel should be prepared in an emergency situation

**PROCEDURE:**

**I. Personal Emergency Information**

CSD client emergency data are kept in their electronic medical record. CSD personnel submit their emergency contact information through Team CSD in the CSD Faculty and Staff channel. CSD students submit their emergency contact information in their Typhon profile.

**II. Emergency Evacuation Procedures**

- A. In the event of an emergency, call 911 or the U of M Campus Police 678-4357 (678-HELP).
- B. If you are told to evacuate, you should do so immediately.
- C. Faculty and staff are responsible for making sure that all handicapped persons in their charge leave the building safely.
- D. FIRE
  - 1. Use listed primary exits in case of emergency unless they are blocked. A floor plan is posted in the hallways indicating the primary and alternate exits.
  - 2. Elevators are not to be used in case of fire.
  - 3. People with mobility impairments who are not on the first floor should move to the stairwells located in the four corners of the building. Someone (faculty or staff) must stay with the person, while another person directs emergency/rescue personnel to their location.
  - 4. On the first floor, clients should be led out of the building. At no time should clients be left unattended during a building evacuation. A wheelchair is located in the MSHC file room on the first floor.

5. The assembly point in the event of a fire is the parking lots behind the building. All personnel should assemble there and wait for a head count. Avoid blocking fire lanes and building entrances and do not re-enter the building until given the all-clear from Campus Police or emergency personnel.

### **III.      Shelter in Place Procedures**

- A. In the event of a shelter in place emergency, everyone should head inside. Close and lock all windows and doors. Plan to shelter in spaces where there is room for everyone to sit. Report everyone who is with you to the Dean via email ([ljrmlwcz@memphis.edu](mailto:ljrmlwcz@memphis.edu)).
- B. TORNADO
  1. In case of a tornado warning, all occupants should proceed to the ground floor to the internal hallways in the clinic.
  2. If the ground floor cannot be reached (e.g., wheelchair bound), find an interior room or hallway.
  3. Stay away from rooms with windows.
- C. EARTHQUAKE
  - i. In the event of an earthquake, occupants should follow the “Drop, Cover, and Hold On” technique. Drop to the ground, take cover under a sturdy object (e.g., desk) or cover your head and neck, and hold on.
  - ii. Avoid windows and unsteady objects that could fall.
  - iii. Do not try to exit the building during the earthquake.
  - iv. Do not use elevators.
  - v. After the earthquake, if the building is damaged, evacuate and alert Physical Plant and Police Services of building damage.
- D. ACTIVE SHOOTER
  - i. If a shooter is outside your building and you are inside, go to a room that can be locked, close all doors and windows and turn off the lights. If possible, have everyone get down on the floor and out of view from windows & doors. Call 911 and alert them to the situation. Stay out of sight until you get an ‘all clear’ message from the University or law enforcement.
  - ii. If a shooter is inside your building, follow the procedure above. If a locked room is not available, go to a room, close the door and have everyone gather along the wall nearest the door. Avoid clumping together and barricade the door as you are able. Cellphones should be put on silent.

- iii. If a shooter enters your classroom or office, call 911 and let police know the shooter's location, if possible. If you cannot speak, leave the line open. Your goal should be to either escape or hide. Trying to physically overpower the shooter should be used only as a last resort. If you decide to escape, do not attempt to take injured people with you. Let emergency personnel know where they are. Have an escape route and plan in mind and keep your hands free.
- iv. Regardless of where you are relative to the shooter, do not leave campus until emergency personnel have indicated it is safe to leave.

#### **IV. Medical Emergency Procedures**

- A. Follow appropriate CPR/First Aid guidelines.
- B. Call for help if alone with client
- C. Notify supervisor or faculty member
- D. Send another student for faculty member
- E. Notify family member, clinical faculty member, or other appropriate person to come to the location of the emergency.
- F. If unable to reach family member or guardian and if emergency treatment is warranted,
  - 1. Individual involved will call 911 or campus police and will accompany client to the hospital if the parent is not present.
  - 2. Clinical faculty member will notify family member via phone.
- G. An AED is located in the mail/copy room (1064) in the clinic.
- H. Incident report must be filed within 24 hours of event.



**School of Communication  
Sciences & Disorders  
The University of Memphis**

## **Physical Operations**

Policy Number	<b>Phys-305</b>
Effective Date	August 6, 2018
Supersedes Date	August 18, 2015
Review Date	May 2025
Approval	

### **SUBJECT: Parking Procedures**

**POLICY:** All personnel should park vehicles in assigned locations and with the appropriate permits

#### **PROCEDURE:**

##### **I. Parking for Faculty, Staff and Students**

Every vehicle parked on campus property must have a university parking permit (hang-tag) properly displayed. The [University Parking and Transportation Services](#) is located at 120 Zach Curlin Parking Garage. Hours are M-Th 7:00-6:00, F 7:00- 4:30. Phone: 678-2212

###### A. STUDENTS:

1. A parking permit, which provides access to the University's [general parking areas](#), is issued to each student upon their initial enrollment at the university. After fees are satisfied, the parking office issues the university-parking permit (hang- tag).
2. There is no additional charge to students for their initial general parking permit and validation sticker. These are issued each subsequent semester the student enrolls and satisfies registration fees.

###### B. FACULTY & STAFF:

1. Permits are purchased through the Parking Office and paid through automatic deductions for all regular full-time employees and part-time employees working more than 7.5 hours a week or for longer than a month.
2. Contact the Parking office (x2212) for more information on permit cost and options.
3. Part-time employees or ULPS employees working on site less than 7.5 hours per week or for less than a month will be given an MSHC Client Parking pass and they will park in the Client parking lot.

###### C. Pay or appeal parking citations online through MyMemphis, TigerPark.

##### **II. Parking for Clients**

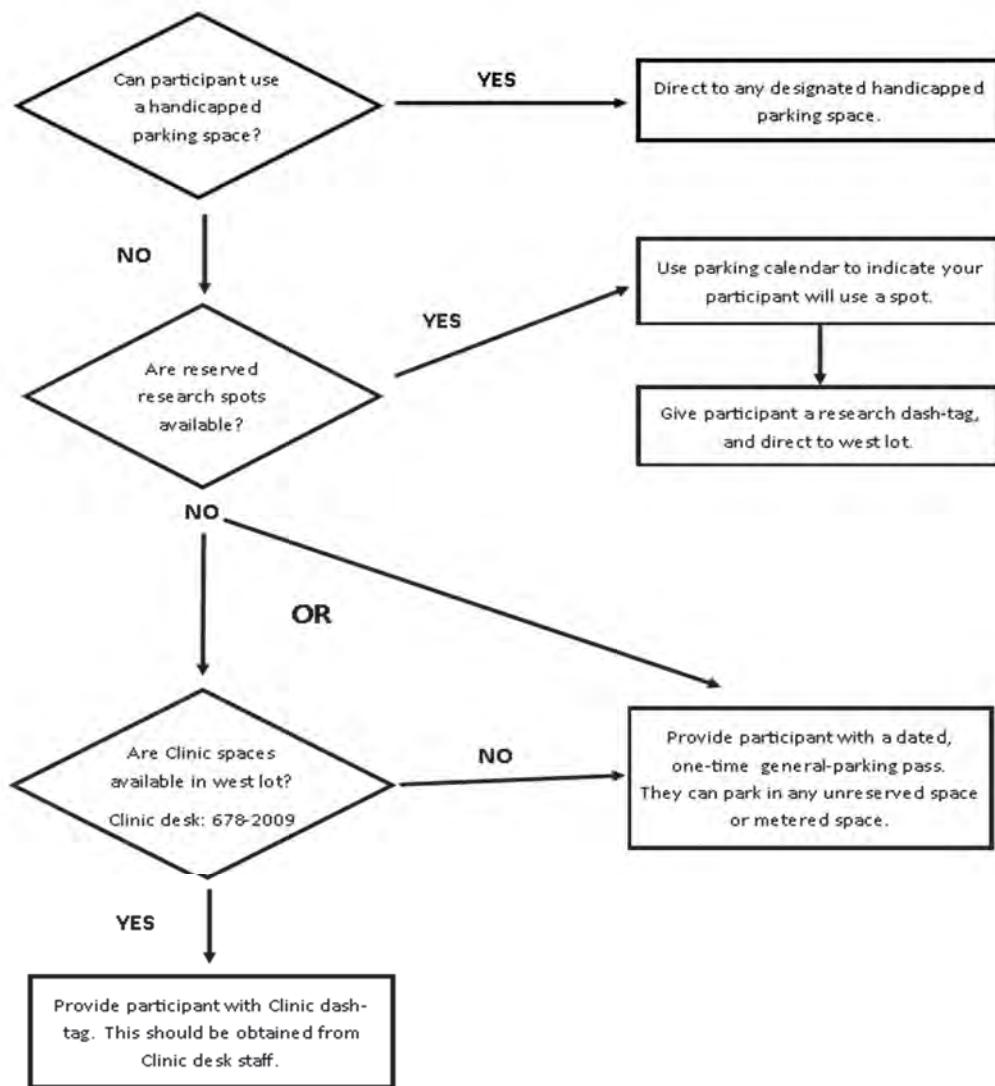
- A. Client parking is designated by signage in the lot to the West and North of CHB. Only part-time employees who are working on site less than 7.5 hours a week may use client parking.

B. Clients must obtain dash-tag from the MSHC staff to place in their car for the duration of their visit. Clients may receive a citation if the dash-tag is not visible. If this happens, please bring it to the attention of the Dean's office.

### III. Parking for Research Participants or other visitors

The CSD-Parking calendar is to be used for sharing the limited participant spaces.

#### *CSD's guide to research participant parking*





**School of Communication  
Sciences & Disorders  
The University of Memphis**

**Physical Operations**

Policy Number	<b>Phys-306</b>
Effective Date	August 6, 2018
Supersedes Date	August 25, 2008
Review Date	May 2023
Approval	

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**SUBJECT:** **Reporting an Injury**

**POLICY:** All personnel and students should report injuries according to policy

**PROCEDURE:**

**I. First Report of Injury**

- A. The employee's supervisor (or student's instructor/supervisor) should be informed of any injury after an accident. The faculty member or employee is to complete a *First Report of Injury or Illness* form located at <http://bf.memphis.edu/hr/benefits/injury.pdf> and submit it to the Environmental Health and Safety Department ([asimpson@memphis.edu](mailto:asimpson@memphis.edu)) and Employee Benefits ([srplmer1@memphis.edu](mailto:srplmer1@memphis.edu)) on main campus **within 24 hours of the injury**. The faculty member/employee will also forward a copy of the report to the Administrative Associate to be kept on file. It is vital that the faculty member or supervisor be informed immediately so that the 24-hour deadline can be met.
- B. If one wishes to claim on-the-job injury compensation for medical expenses, in an emergency, employees should go to the nearest emergency room and seek treatment. Then contact your supervisor and Employee Benefits as soon as possible to start the claims process. In a non-emergency, immediately notify your supervisor and then the two of you should call the Workplace Injury and First Notice of Loss Call Center at 1.866.245.8588. Choose option 1 and speak to a nurse who will recommend whether or not you should seek treatment. If the recommendation is for you to seek treatment, you should proceed to the medical facility that the nurse recommends that you go to.
- C. A written record of any information pertaining to any emergency situation, not in the forms mentioned above, should be maintained.
- D. Any ULPS employee working onsite will be given any necessary medical attention and their injury will be reported to Danielle Keeton ([Danielle.Keeton@lebonheur.org](mailto:Danielle.Keeton@lebonheur.org)).



**School of Communication  
Sciences & Disorders  
The University of Memphis**

**Physical Operations**

Policy Number	<b>Phys-307</b>
Effective Date	August 18, 2015
Supersedes Date	June 12, 2008
Review Date	May 2025
Approval	

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**SUBJECT:** **Use of Copy Machines**

**POLICY:** Copy machines in the mail rooms on floors 1 and 3 are for CSD business and to be used by authorized personnel only. Funds may be placed on a University of Memphis ID to make personal copies on the copier located on floor 2 on the CSD side of the building.

**PROCEDURE:**

- I. Each CSD faculty and staff member is assigned a personal four-digit copy code. Copies on this code are intended to support academic and clinical education.
- II. Individuals making copies related to research, grant, or NSSLHA/SAA activities will be assigned an additional code to ensure that the appropriate account(s) are billed.
- III. CSD Graduate Assistants (GA) are allowed to make copies on CSD School copiers as part of their work assignment. GAs will obtain codes from authorized faculty and staff. Students are prohibited from making personal copies on CSD School or MSHC Clinic copiers without faculty permission.
- IV. Students, faculty, and staff may place funds on their University of Memphis ID which will allow them to make copies for personal use on the machine in the student mailroom on the second floor. Materials may also be scanned and emailed on this machine for free.
- V. Individuals are required to be aware of and follow all copyright laws and regulations.

<b>School of Communication Sciences &amp; Disorders The University of Memphis</b>	Policy Number	<b>Phys-309</b>
	Effective Date	March 19, 2021
	Supersedes Date	July 1, 2020
<b>Physical Operations</b>	Review Date	May 2023
	Approval	

**SUBJECT: Infection Control for Memphis Speech & Hearing Center**

The following guidelines for infection control are written to inform and instruct all personnel, faculty, staff, volunteers and students who participate in clinic at the Memphis Speech and Hearing Center. Further information regarding infectious disease, disinfection, sterilization, regulatory agencies and terminology can be found in the references listed at the end of these guidelines. The CSD Exposure Control Plan is available for review in the CSD Dean's suite. Infection Control for Research Labs is outlined in Policy Phys - 312. It is strongly recommended that all personnel be familiar with the information contained in these references.

**POLICY:**

- I. In accordance with the Occupational Safety and Health Administration's Bloodborne Pathogens Standard (29 CFR 1910.1030), this plan has been developed to minimize the risk of exposure to bloodborne pathogens as well as other potentially infectious bodily substances. While direct exposure to blood is unlikely, this plan is written to protect the employees, students, volunteers and clients from that possibility and to reduce the exposure of personnel to non-bloodborne pathogens, as well. If exposure occurs, please visit <http://www.memphis.edu/ehs/pdfs/bbpecattach3.pdf> to complete the report form.
- II. Engineering and work practice controls will be utilized to minimize or eliminate potential exposure to employees. Where occupational exposure remains after institution of these controls, personal protective equipment will be utilized.
- III. Environmental infection control and basic housekeeping practices will be implemented to protect clients, students, volunteers, and employees.
- IV. Potentially contaminated waste material will be disposed of in accordance with approved biohazardous waste procedures.
- V. All chemicals in use in the MSHC will be stored, utilized, labeled and disposed of in accordance with the directions contained in the Material Safety Data Sheet (MSDS) for that product.
- VI. Purchase and use of materials or chemicals not reported in this document will be reported to the Administrative Associate for appending to this document.
- VII. There will be an annual review of the infection control documents for MSHC with oversight by the CSD Clinical Training Policies Committee.

**PROCEDURE:****I. Personnel**

Not all faculty, staff, volunteers, students, and/or interns have the same potential risk of exposure to infectious materials.

**A. Professional Staff, Students and Volunteers**

Audiologists, Speech-Language Pathologists, volunteers and students engaged in direct client contact might encounter the following tasks or procedures that place them at some risk of exposure to infectious material including but not limited to using, handling, cleaning, disinfecting, or sterilizing:

Audiology	Speech-Language Pathology	All
a. Instruments with 2% glutaraldehyde b. Earmolds/hearing aids/cochlear implants c. Ear examination through otoscopy d. Cerumen management e. Ear impressions f. Otoscopes g. Hearing Aid Workroom Equipment (e.g. Stethosets, Cleaning tools) h. Sound Suite Equipment (e.g. Headphones, Audiometers, Immittance bridges)	a. Oral Mechanism Examinations b. Endoscopic equipment c. Airflow masks d. Nasometers e. TEP prostheses f. Speaking valves g. Inner cannulas of tracheostomy tubes. h. Dentures i. Oral prostheses j. Mucous/sputum	a. Patient "touch and splash" surfaces b. Immittance probe tips, earlight tips, and specula c. Toys d. Changing diapers e. Microphones f. Headphones g. Surfaces/tables h. Emesis

**B. Clinic and Office Personnel**

Clinic and/or office personnel may be exposed to infectious material but typically do not participate in cleaning/disinfecting procedures.

**C. Building Maintenance and Cleaning Staff**

These individuals may be exposed to infectious material through assistance in cleaning or through removal of trash containing infectious materials.

**D. Other personnel utilizing space in MSHC should be aware of and comply with University policy regarding Hazardous Waste and Bloodborne Pathogen training and policies.****II. Cleaning and Disinfecting****A. Definitions from Bankaitis & Kemp (2005)**

- a. Cleaning: removal of gross contamination from contaminated instruments and areas without necessarily involving the killing of germs
- b. Disinfecting: process involving killing a percentage of germs

- B.** Procedures will be used in the clinic areas including all sound rooms, hearing aid rooms all therapy rooms, speech clinic laboratory, lobby as well as the sound rooms and surrounding suite space. Containers with a cleaning and disinfecting solution will be located in infection control/materials areas on the first floor. Clorox or viricidal wipes will be in each therapy space and should be used to clean each room after **every** patient.
- C.** Sterilization materials will be limited to the infection control/materials rooms. Containers for sterilization chemicals will be provided with lids that must remain in place except when instruments are being placed or removed. There will be no food or drink in these areas.
- D.** All soiled instruments needing cleaning, disinfection, or sterilization will have visual soil and debris removed with a germicidal cloth or enzyme soap prior to being placed in a cleaning and disinfectant bath. Personnel assigned to infection control duties will be responsible for transferring instruments to a sterilization bath and carrying out sterilization procedures.

### **III. Infection Control Protocols**

#### **A. Environmental**

##### **a. Surface Disinfection - Surfaces to be Cleaned**

Counter tops, tabletops, doorknobs, light switches, chair armrests, and test equipment surfaces will be cleaned and disinfected following each clinic session or following test procedures (responsible party-student or employee completing their session).

1. The table surfaces used for therapy, diagnostics, hearing aids, cochlear implants will be cleaned and disinfected following each use (responsible party-student or employee doing the hearing aid modifications).
2. Headphones and other equipment used with a client (such as the patient signal button) will be cleaned and disinfected with a disinfectant towelette following each use (responsible party-student or employee completing the testing).
3. Toys used in clinic will be cleaned and disinfected following each use. Items may be cleaned in the dishwasher or washer & dryer located in the infection control/materials room.
4. Areas used for disinfection and sterilization will be cleaned and disinfected daily (responsible party-the students assigned to infectious disease duties).

#### **B. Surface Disinfection Procedures**

This is two-step process of cleaning gross contamination followed by a disinfectant to kill germs. A product containing both a cleaning compound and disinfectant can be used for

both steps.

- a. Each sound room, test, or therapy area will be supplied with a hospital grade disinfectant/cleaner, either spray or disposable treated cloths.
- b. During cleaning, gross contamination and debris will be removed with a paper towel or other disposable or cleanable device. The surface will then be wiped down with a disinfectant cloth or spray solution.
- c. Disinfection will follow with a surface wipe or spray leaving it wet for at least two minutes, or longer if specified on the product label. The surface will then be wiped dry, if needed.

**C. Disinfection**

- a. Immersion: Noncritical objects and instruments will be immersed for disinfection. These items include rod portion of the endoscope, earmolds, and pen light tips that appear to be free of blood, mucus, or cerumen. These items will remain in the disinfectant bath as long as directed on the disinfectant instructions.
  - b. UV disinfection of instrumentation: All facets of headset microphones and other instruments exposed to exhalation by unmasked faculty, volunteers, students, and clients will be disinfected for at least 10 seconds by use of a UV wand, and the space in which this activity occurred will be illuminated by UV light for at least 15 minutes. Signage on the door of the space will warn personnel of the period that the UV light has been on.
- D. All equipment which comes in contact with humans is assumed to be contaminated and is always to be handled with gloved hands prior to and during cleaning and disinfection.

**E. Handling, Cleaning and Disinfecting Hearing Aids and/or Earmolds**

The hearing aid and/or earmold will be received from the client/patient in a disinfectant cloth, gloved hand, tissue, or container provided for this purpose. There will be small plastic bags and/or cardboard boxes available in all audiology test areas as well as front desk reception and the business office for receipt of hearing aids and earmolds. The business office staff will be instructed to have the hearing aid/earmold placed in a bag or box by the client and will contact the Audiologist responsible for walk-in clinic to collect the box from the office. Under no circumstances will the office personnel handle the hearing aids or earmolds that have not been cleaned and disinfected.

- a. Audiologists and students will wear gloves during cleaning and disinfecting process. Due to the inability to immerse hearing aids or cochlear implants for disinfection, disinfectant cloths or spray (Sanitize H/H) on a tissue will be used to clean and disinfect the surface areas of the hearing aid or cochlear implant. Afterwards, the hearing aid or cochlear implant should undergo UVC light source treatment. Earmolds, which can be separated from behind-the-ear hearing aids or cochlear implants, will be immersed in a cleaning solution. All instruments (wax loop, picks, etc.) used to clean a hearing aid or cochlear implant will be disinfected following use.

- b. Stethoscope ear tips and the tip that attaches to the hearing aid or cochlear implant will be cleaned with a disinfectant cloth following each use and then immersed in sterilizing solution.
- c. Once cleaned and disinfected, hearing aids or cochlear implants can be placed in the test box for electroacoustic analysis or for programming purposes. The hearing aid surface or cochlear implant will be disinfected again following test completion.
- d. The disposable boxes or plastic bags used to receive and store hearing aids or cochlear implants are to be thrown out once the hearing aid or cochlear implant is returned to the patient.
- e. Syringes used during earmold impressions are to receive surface disinfection with a disinfectant cloth or spray unless come in contact with blood. In this instance, once wiped cleaned, should be immersed in sterilizing solution.

#### **IV. Sterilization**

##### **A. Definitions from Bankaitis and Kemp (2005)**

- a. Sterilization: killing 100% of germs including endospores

##### **B. Sterilization**

- a. This procedure is required for instruments that contact blood, ear drainage, cerumen, mucous, sputum, or emesis. This includes probe tips, specula, stethoscope tips, oral appliances, and TEP. Instruments used in cleaning hearing aids such as wax loops and picks may occasionally need sterilization if blood or ear drainage is encountered during their use. Items belonging to or leaving with patients will typically be cleaned, disinfected, and returned to the client. If otoscopy reveals blood or visible ear drainage, sterilization of the earmold should be considered. Cold sterilization with 2% glutaraldehyde (Aurasept, Wavicide, etc.) or 7.5% hydrogen peroxide (Sporox) will be utilized.
- b. Sterilizing solution will be placed in a covered plastic tray, which is approved for this use. Gloves and eye protection will be worn when handling the solution. Lab coats for protection of clothing are available for use when changing sterilizing solution.
- c. Instruments will be removed, rinsed in water, and set on a prepared surface to dry. Once the instruments are dry, they will be returned to the appropriate storage containers.
- d. All disinfectant and sterilizing solutions will be changed every 14-28 days as directed on the label, or sooner if the solution becomes visibly soiled, viscous and/or fails the effectiveness test.
- e. Infection control logs will be posted in each cleaning area. Each solution change will

be dated and recorded on the log. MSDS instructions will be followed in safe handling and disposal of the solution.

**C. Handling and Cleaning the Rod Portion of the Endoscope**

- a. The soiled portion of the endoscope will be cleaned with enzyme soap and rinsed.
- b. The fiber optic portion of the endoscope is immersed in the sterilizing solution (Cidex Plus) for 20 minutes.
- c. Rinse with running water until residue is cleaned.
- d. Dry with a soft cloth and place in the clean endo-caddy.
- e. This procedure must be done for each trial with a new person/patient.

**D. Human**

- a. **Hand Washing**
  1. Hands will be thoroughly cleaned before and after each patient (and after handling any potentially biohazardous material) through hand-washing or use of an alcohol-based handrub.
  2. The hand washing procedure to be followed is: remove rings (as able), start water, lather the soap scrubbing palms, the backs of hands, between fingers, under fingernails, over the wrists, and onto the forearms. Rinse the soap off with running water, dry the hands using a paper towel, then turn off the water using the damp towel, not clean hands. Avoid using hot water as this may increase risk of dermatitis. Or, apply alcohol-based hand rub product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry. Follow the manufacturer's recommendations.
- b. **Gloves and Protective Clothing**
  1. Gloves will be worn for all procedures that may create exposure to blood, cerumen, ear drainage, or contagious rashes. This applies to earmold impression removal, oral mech exams, endoscopic exams, otoscopy, immittance, OAEs, placing and removing immittance tips and specula, any hearing aid procedure and other situations as deemed appropriate by each clinician.
  2. Gloves must be changed after each procedure is complete and prior to any additional procedure requiring gloves if the user comes in contact with unclean objects, one's clothing, hair, skin, or body fluids or leaves the room.
  3. Gloves will be worn for cleaning and disinfecting instruments, toys, hearing aids, and when handling sterilizing solutions. Two pairs of gloves

will be worn when treating patients known to be infected with HIV or Hepatitis B.

4. Gloves are to be removed by grasping the wrist of one glove with the other gloved hand, pulling the glove off into an inside/out position. The ungloved hand will then be used to grasp the inside edge of the remaining glove and pull off in an inside/out manner folding the first glove inside the second. Gloves will then be placed in a trash receptacle.
5. Before and after glove removal, clinician should wash hands with soap and water or use alcohol-based hand sanitizer when soap and water are not immediately available
6. When using the endoscope or during VNG appointments (where exposure to emesis or other contaminants may occur), each clinician present in the room will be required to wear a disposable gown, buttoned lab coat, or other protective covering available in the lab. This must be discarded before leaving the lab. Lab coats are to be cleaned if soiled (or weekly if used regularly) in the infection control room. Personal lab coats may be taken home for cleaning if stored in a plastic or paper bag before leaving the clinic.

**c. Personal Illness**

Staff, volunteers and students are encouraged to use good judgment regarding personal illness and the potential for spreading illness to co-workers and clients.

1. Staff, volunteers and students should not enter the clinic, at MSHC or off-site, if they are sick. Illness that creates an inability to attend to clinic responsibilities may necessitate a change in clinical faculty member, student clinician, or evaluation/therapy appointment (refer to Policy C-107).
2. Symptoms of infectious disease include, but are not limited to: fever, rash, cough, sore throat, vomiting, and diarrhea.
3. Medical treatment for strep throat, conjunctivitis, and other contagious disease is required before returning to clinic.

**V. Waste Management**

- A. Most waste can be placed in the regular trash that will consist of plastic lined trash bins placed throughout the clinic area.
- B. Items that are visibly contaminated with cerumen, ear drainage, blood, mucous, sputum or emesis will be disposed of as Biohazardous Waste in the red biohazard bags. After the red bag is sealed, it is transferred to the biohazard disposal container for Stericycle, Inc. pick-up as scheduled or specially arranged. To arrange a special pick-up, call 800-633-9278.
- C. All other waste contaminated with cerumen, saliva, drainage, etc. can be placed in

the regular trash. Tongue blades are to be broken before they are discarded.

- D. Used disinfectant will be disposed of in accordance with the directions found on the Material Safety Data Sheet (MSDS) for each product which will be kept in a binder in the Infection Control Room.
- E. All sharps are to be disposed into an approved Sharps Disposal Container. When the container is full, then it is to be placed into the Stericycle, Inc. disposal container for biohazard materials. Stericycle, Inc. will pick-up the disposal container biannually unless notified otherwise. Sharps may include needles, razor blades, broken glass and/or syringes.

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**Procedure for Key Issuance**

Policy Number	<b>Phys-311</b>
Effective Date	August 30, 2022
Supersedes Date	July 27, 2016
Review Date	May 2025
Approval	

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**SUBJECT: Ordering New Keys, Returning Keys, Reissuing Keys Internally**

**PROCEDURE:**

**I. Claiming a Key that is held at the CHB**

All initial requests for keys should be submitted via email to the CSD Administrative Associate. Requests for student keys need to come from faculty or staff members. Once a request is made, the CSD administrative associate will check to see if a key is available for reissue.

If the requested key is available, he/she will make an entry of the new holder's name, UID # and the date the key is reissued in the Key Control Spreadsheet. Key transfers will be recorded through the B&F Door Access System when the key being transferred has an individual core mark.

Individual key holders will be responsible for reporting the loss or theft of the key and paying for its replacement if it is lost or stolen.

**II. Ordering a New Key**

New key orders will be made by the CSD Administrative Associate. Student keys must be requested by a staff or faculty member and must also be authorized with an email from the CSD Dean to the lock shop that includes the work order #, the student's UID # and permission to issue the key.

Key holders will need to present a university ID at the Physical Plant office in order to claim their key(s). Individual key holders will sign for keys and be responsible for reporting the loss or theft of the key and paying for its replacement if it is lost or stolen.

**III. Replacing Lost or Stolen Keys**

If you have a lost or stolen key, you will need to file a police report with University Police reporting the loss of your key/keys. They can be reached at 678-4357. You will then need to check to see if a key can be reissued to you. If one is available, it will be reissued following the

procedure listed above. If no key is available in house, the administrative associate will order a new key(s) for you following the procedure listed above. If you lose your keys, you will be responsible for paying for the replacement keys which are currently \$4/key.

#### **IV. Returning Keys**

If you are graduating or leaving your position at the University, you are responsible for returning any and all keys to the CSD administrative associate or Physical Plant before you leave CSD on a permanent basis. They will log your keys back in on the Key Control Spreadsheet and through the B&F Door Access System. Graduating students will have the appropriate return of their keys noted on their School Check Out form.

Any employees who receive keys from students or other employees who are leaving the University are responsible for those keys, including replacing them if they are lost or stolen, until they have been returned to the CSD Administrative Associate and have been logged into the School's Key Inventory.



**School of Communication  
Sciences & Disorders  
The University of Memphis**

**Physical Operations**

Policy Number	<b>Phys-312</b>
Effective Date	3.23.2018
Supersedes Date	New
Review Date	May 2023
Approval	

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**SUBJECT:** **Infection Control for CSD Research Labs**

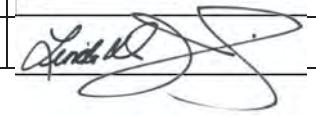
**POLICY:** The following guidelines for infection control are written to inform and instruct all personnel-faculty, staff, volunteers, and students-who participate in research labs in the School of Communication Sciences & Disorders. Further information regarding infectious disease, disinfection, sterilization, regulatory agencies, and terminology can be found in the references listed at the end of these guidelines. Also, the Exposure Control Plan document and Infection Control Policies for the Research labs are located in the Dean's office. It is strongly recommended that all personnel be familiar with the information contained in these references.

**PROCEDURE:**

- I. In accordance with the Occupational Safety and Health Administration's Bloodborne Pathogens Standard (29 CFR 1910.1030), this plan has been developed to minimize the risk of exposure to bloodborne pathogens as well as other potentially infectious bodily substances. While direct exposure to blood is unlikely, this plan is written to protect employees, students, volunteers, and research participants from that possibility and to reduce the exposure of personnel to non-bloodborne pathogens, as well. If exposure occurs, please visit <http://www.memphis.edu/ehs/pdfs/bbpecattach3.pdf> to complete the exposure form.
- II. Each research lab will develop and maintain its own infection control and waste disposal procedure. The procedure will identify all reusable materials, all disposable materials, and chemicals in use in the laboratory. It will define the correct methods for cleaning, sanitization, and storage of reusable materials. It will define the correct methods for safe handling, disposal and storage for all disposable materials and chemicals.
- III. A copy of each lab's procedures, along with MSDS's and information about accessing safety stations in the Community Health Building (e.g. eye wash, safety showers) will be maintained in the lab as well as in the Dean's Suite.
- IV. Engineering and work practice controls will be utilized to minimize or eliminate potential exposure to employees and students. Where occupational exposure remains after institution of these controls, personal protective equipment will be utilized.

- V. Environmental infection control and basic housekeeping practices will be implemented to protect research participants, students, volunteers, and employees. Potentially contaminated waste material will be disposed of in accordance with approved biohazardous waste procedures.
- VI. All hazardous chemicals will be identified, labeled, stored and disposed of in accordance with the MSDS for that product.
- VII. There will be an annual review of the infection control procedure for each lab with oversight by the Dean's Office. The infection control procedure for each lab will also be reviewed and updated each time an Academic Faculty member has a new grant or project that will be conducted in the laboratory.
- VIII. In compliance with UM1759, all employees, volunteers, and students who are working in research labs that produce biohazardous or hazardous waste will undergo Hazardous Waste Training on an annual basis.
- IX. In compliance with the School's Exposure Control Plan, all employees, volunteers, and students who are exposed or are likely to be exposed to bloodborne pathogens or other potentially infectious materials (e.g. cerumen, saliva, urine, solid waste) will undergo Bloodborne Pathogen Training on an annual basis.

**School of Communication Sciences &  
Disorders  
The University of Memphis  
  
Academic and Clinical Education**

Policy Number	<b>Phys - 313</b>
Effective Date	
Supersedes Date	New
Review Date	May 2023
Approval	

**SUBJECT: Required Immunizations, Certifications, Trainings and Background Checks for all Faculty, Staff, Volunteers, and Students Working in SCSD and MSHC**

**PURPOSE:** This policy is intended to protect the health and well-being of all employees, students, volunteers and clients participating in the operations of the School of Communication Sciences & Disorders (SCSD).

**POLICY:** All employees, students and volunteers who participate in the operations of SCSD and the MSHC are **required** to comply with the attached schedule of annual immunizations, certifications, trainings, and background checks.

**PROCEDURE:**

The schedule and sequence corresponds to the activities of an individual participating in the Clinic and the School.

**I. Notification**

- A. The Director(s) of Clinical Education, the School Administrative Associate, and/or approved designee will notify incoming employees, students, and volunteers of these requirements prior to their participation in MSHC or SCSD activities.
- B. Employees, students, and volunteers will be notified if they are responsible for any associated costs to meet these requirements.
- C. Those not in compliance will not be allowed access to HIPAA sensitive areas and will be prohibited from being around children and clients.

**II. Definition of Groups Named in this Policy**

- A. *Individuals Providing Direct Client Services in MSHC* includes any and all parties providing patient care in MSHC regardless of their affiliation or lack thereof with SCSD and/or the University of Memphis.

- B. *Individuals working with Minor Children* includes any and all parties who will oversee or interact with children under the age of 18 regardless of their affiliation or lack thereof with SCSD and/or the University of Memphis. This includes anyone in the MSHC and tenure-track faculty and students in laboratories who see children as participants.
- C. *Volunteers*, as defined in this policy, includes any and all individuals who are not affiliated with SCSD and/or employed by the University of Memphis. If an individual is participating in SCSD or MSHC activities and they are not affiliated with the University of Memphis, they are also required to be registered with Legal as a volunteer and to use a sponsored account for building and computer access.

### **III. Requirements for Individuals Providing Direct Client Services in MSHC**

REQUIREMENT	FREQUENCY	CSD STUDENT DOCUMENTATION PROVIDED TO:	DUE DATE	PARTY RESPONSIBLE FOR COST
TB Skin Test	Annually	Upload to Typhon account	Before Clinic assignment begins. Annually thereafter.	Individual
Flu Shot	Annually	Upload to Typhon	October 15 <sup>th</sup> of each year	Individual
American Red Cross CPR and AED2 Certification	Every 2 years	Upload to Typhon	Before clinic assignment begins.	Individual for initial certification; SCSD for School scheduled renewals for SCSD clinical students, clinical faculty & clinical staff
TDAP Vaccination	Every 10 years	Upload to Typhon	Before clinic assignment begins.	Individual
Hepatitis B vaccination series	One time series of 3 shots	Upload to Typhon	Complete series by January 15 <sup>th</sup>	Individual
Blood Borne Pathogens Training	Annually	Upload to Typhon	Before Clinic assignment begins. Annually thereafter.	EH&S
Hazardous Waste Training	Annually, as required for those participating in Infection control in MSHC	Upload to Typhon	Before Clinic assignment begins. Annually thereafter.	EH&S

HIPAA Training; both CSD and UofM trainings are required	Annually	Upload to Typhon	Before Clinic assignment begins. Annually thereafter.	SCSD
Cerner/Cornerstone Training	One time	Upload to Typhon	Within 36 hours of receiving Cerner login for Cornerstone training; annually in Orientation thereafter	SCSD

#### IV. Requirements for Individuals Working with Minor Children in MSHC or at SCSD

REQUIREMENT	FREQUENCY	DOCUMENTATION PROVIDED TO:	DUEDATE	PARTY RESPONSIBLE FOR COST
Background Check for Working with Minor Children*	Every 5 years	<ul style="list-style-type: none"> <li>• Upload to Typhon for SCSD students and Clinic personnel</li> <li>• provide to Administrative Assc for all other parties</li> </ul>	Before working with children or at the beginning of clinic assignment	Individual
Minors on Campus Training	One Time	<ul style="list-style-type: none"> <li>• Upload to Typhon for SCSD students and Clinic personnel</li> <li>• Provide to Admin Assc for all other parties</li> </ul>	Before working with children or at the beginning of a clinic assignment	HR/Learning Curve course (no cost)
Clear Sex Offenders Registry Check	Every 3 years	<ul style="list-style-type: none"> <li>• Upload to Typhon for SCSD students and clinic personnel</li> <li>• Provide to Admin Assc for all other parties</li> </ul>	Before working with children or at the beginning of a clinic assignment	No associated cost
Stewards of Children	Every 3 years	<ul style="list-style-type: none"> <li>• Upload to Typhon for SCSD students and clinic personnel</li> <li>• Provide to Admin Assc for all other parties</li> </ul>	Before working with children or at the beginning of a clinic assignment	SCSD

\* Full directions for completing the Background Check for Working with Minors can be found at:  
<https://www.memphis.edu/tep/clinical/background-checks.php>

**V. Requirements for Non-Clinic Employees (Faculty & Staff), Students and Volunteers in SCSD**

Requirement	Frequency	Documentation Provided to:	Due Date
HIPAA (CSD and UofM)	Annually	Administrative Associate	At the beginning of the academic year, or at the beginning of work assignment
Minors on Campus training	Once	Administrative Associate	At the beginning of the academic year, or at the beginning of work assignment
A signed statement acknowledging the need to report suspected abuse	Annually	Volunteers and staff sign notice below for Administrative Assoc.	At the beginning of the academic year, or at the beginning of work assignment
CITI training (those working in research labs)	Check the website for dates-based on a Schedule	Tracked by individual lab directors	Within 30 days of beginning in lab
Blood Borne Pathogens and Hazardous Waste (as identified in Research Lab Infection Control plans)	Annually	Tracked by individual lab directors	Within 30 days of beginning in lab

**VI. Records and Dissemination of Information**

- A. SCSD Students and clinical faculty working in Clinic will upload proof of the required tests and procedures to their private record in the Typhon system.
- B. Non-SCSD affiliated individuals working in Clinic will provide proof of the required tests and procedures to the Administrative Associate.
- C. Non-Clinic faculty, staff, and volunteers in the School will provide proof of the required tests and trainings to the Administrative Associate. They will be stored electronically at the School on the J drive.
- D. The Directors of Clinical Education or their representatives are responsible for entering the expiration date in Typhon for each item.
- E. It is the responsibility of the individual to remain current with all records and procedures. If a site outside of MSHC requires documented proof of the test results, it will be the responsibility of the individual to provide the information.

***Notice to Students Regarding Background Checks***

There are potential consequences associated with failing a criminal background check regarding licensure. If one answers “yes” to any of the questions below, it is possible that they may be denied licensure and/or employment at the conclusion of their program.

- Have you ever been convicted of a felony or crime(s) other than minor traffic offenses?
- Have you ever been denied licensure of the profession for which you might apply for licensure or had discipline imposed by another state’s licensing?
- Have you ever had a civil suit judgment entered against you or entered into an adverse civil settlement?

Students must review the state licensure requirements specific to the discipline by contacting the specific licensing board. It is the student’s responsibility to understand.

Appendix I.

**Statement Acknowledging the Need to Report**

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

I \_\_\_\_\_, understand:

- the duty to report child abuse or neglect under Tennessee state law TN Code Annotated 37-1-403(i)(1),
  - the procedures to follow when I suspect abuse or neglect
  - that any suspected crime committed on the University of Memphis campus is to be reported to Police Security
- 
- I have read the guidelines Working with Minors Do's and Don'ts.
  - I certify that I have never been convicted of a crime related to abuse and neglect of minors or the elderly

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Signature



**School of Communication  
Sciences & Disorders  
The University of Memphis**

**Physical Operations**

Policy Number	<b>Phys - 314</b>
Effective Date	May 2019
Supersedes Date	New
Review Date	May 2025
Approval	

**SUBJECT:** **Camps Involving Minors on Campus**

**POLICY:** Special programs considered as camps for minors using University facilities must follow the policies and guidelines as it relates to minors on campus.

**PROCEDURE:**

**I. Minors on Campus Certification**

Permission from the Dean and the Provost must be obtained when planning a camp for minors at the Community Health Building. The Minors on Campus Certification form is submitted for signature with a description of the proposed camp.

**II. Requirements**

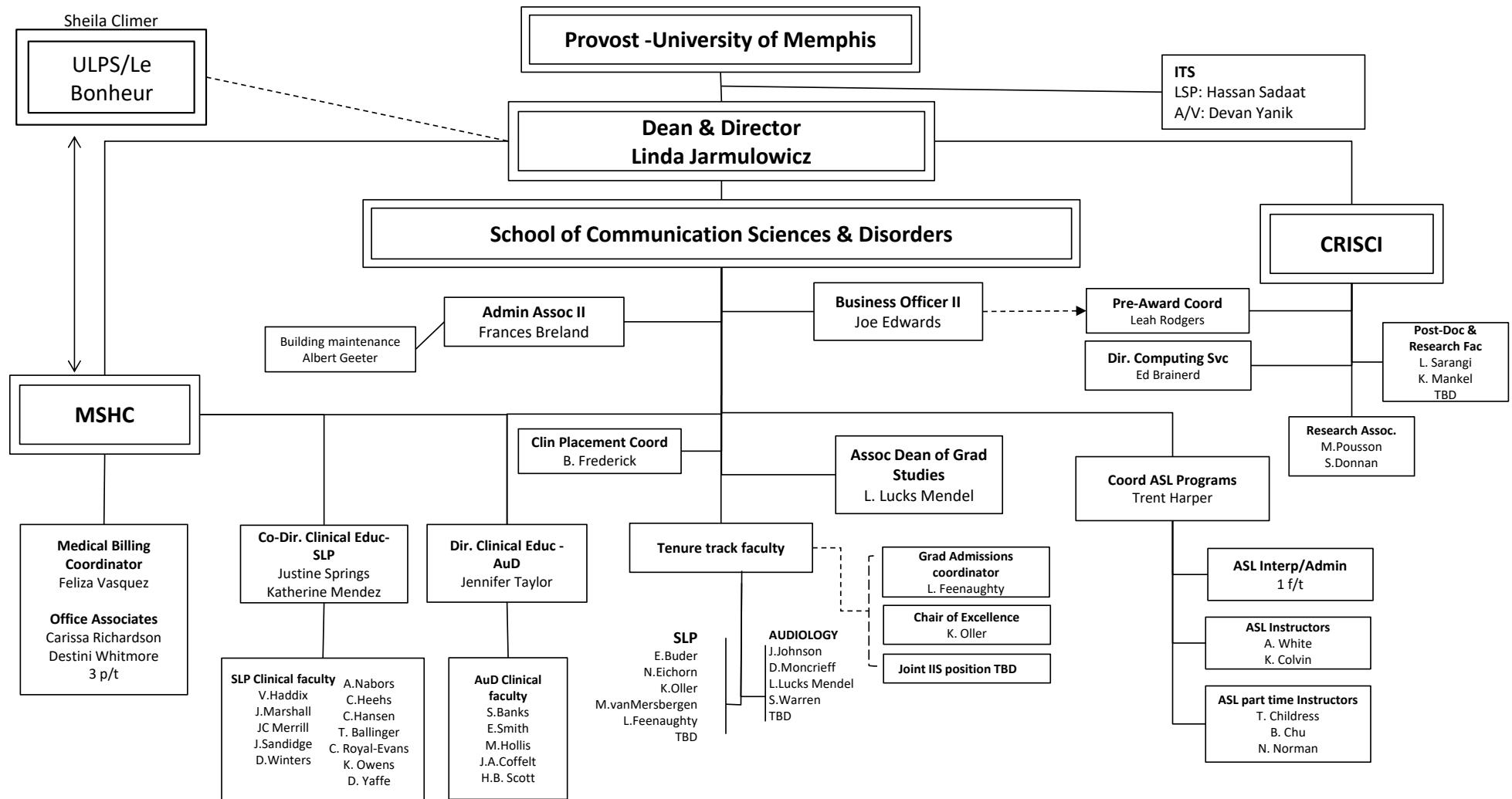
- A. The [requirements and forms](#) necessary for employees and volunteers are on the Legal Counsel Website.
  1. All employees and volunteers need proof of background/sex offender registry checks and Minors on Campus training. Either the Directors of Clinical Services or the School's Administrative Associate will keep records of proof of participants' training (Policy New).
  2. Students may be considered volunteers if the assignment is not related to a course or graduate assistant duties. Volunteers must submit a Volunteer Form five days before the scheduled start date of the program/activity, so Legal Counsel has time to file them with the State of Tennessee.
  3. All employees, students, and volunteers involved in the camp/activities will receive a packet of information and forms to be signed that includes:
    - a. Guidelines for Working with Minors: a list of Do's and Don'ts
    - b. Staff-to-participant ratios
    - c. Reporting Responsibilities: Every Person has an Obligation to Report Child Abuse
    - d. Statement of Acknowledgement Minors on Campus

### **III. Safety**

- A. Policy Phys-304 in the School of Communication Sciences and Disorders Handbook covers the emergency procedures for all individuals in the Community Health Building.
- B. All minors must be supervised at all times.
- C. All clients at MSHC have signed consent forms, and information is gathered to include medical conditions, dietary restrictions, medications, and emergency contacts. Specific camps/activities may require additional documentation for participants to include medication that needs to be taken during the camp, a media release, and a statement of assumption of risk. These [forms](#) are located on the Legal Counsel website.
- D. When possible, medically trained staff should be available during the camp hours.
- E. The coordinator of the camp will create a drop-off and pick-up plan for the camp and include it in the information provided to the families.

### **IV. Participant Code of Conduct**

- A. The coordinator of the camp/activity will create a code of conduct that is explained to the participant and given to the parent/guardian. The code should contain an explanation of expectations of the participant as well as conditions that may lead to dismissal.



2022-2023

## SUGGESTED E-MAIL GUIDELINES

The number one rule is that e-mail is for routine rather than emergency correspondence. If something is a real emergency, it should be handled by phone.

### **Subject Line:**

- **Make sure that the subject line is descriptive** of the topic in the message. This will make it easier to find it at a later date if you need to or to scan your mail quickly.
- **If you need an immediate response use the High Importance tag** (Remember the story about the boy who cried "wolf" and use this strategy sparingly.)

### **Body of the E-mail:**

- **E-mails are intended for short information bites** and not for long discussions.
- **Discussions, brainstorming, problem solving, and conflict resolution** are for face-to-face meetings, not e-mail.
- **Do not read emotion into e-mails.** E-mails are often responded to quickly and bluntly compared to a personal conversation. Topics that have the potential of being emotionally charged are not for the internet.
- **Consider using bullet points in your e-mail** if you are addressing more than a couple of topics or have several questions for the recipient to answer.
- **If you are generating the e-mail.** Reread it to be sure that it is providing enough information that the reader can understand your point or question. A brief intro of the topic can help for example, "Regarding my schedule", "For our next meeting", etc.

### **Replies to Messages:**

- When replying to all: If the message was sent to a group, and the sender is asking for opinions from all, use the reply all. **If your reply is not of interest to others, only reply to the sender. This will reduce the number of messages the others receive.**
- If you **Bcc** a large group of recipients instead of adding them to the **To** line of the email, any "reply all" responses will only go to you as the sender.
- When responding to a list of issues or questions, say "see below" and respond to each one listed in the body of the message you received.

### **Forwarding E-mail:**

- When forwarding a message, be sure that you have permission to forward the information from the original sender
- It may be that only a portion of the e-mail is appropriate to forward. Edit the message before forwarding.

### **Distribution Lists:**

- **The School has a set of distribution lists** available for use.
- **If you use an established list**, but not all recipients need to be included on the e-mail, remove the names for which the message is not intended.
- **Limit the use of “CSD Everyone”** to communications that are of importance to everyone in the School.

### **What are the etiquette rules? <http://www.emailreplies.com/>**

There are many etiquette guides and many different etiquette rules. Some rules will differ according to the nature of your business and the corporate culture. Below we list what we consider as the 32 most important email etiquette rules that apply to nearly all companies.

### **32 Most important email etiquette tips:**

1. Be concise and to the point
2. Answer all questions, and pre-empt further questions
3. Use proper spelling, grammar & punctuation
4. Make it personal
5. Answer swiftly
6. Do not attach unnecessary files
7. Use proper structure & layout
8. Do not overuse the high priority option
9. Do not write in CAPITALS
10. Don't leave out the message thread
11. Add disclaimers to your emails
12. Read the email before you send it
13. **Do not overuse Reply to All**
14. Mailings > use the bcc: field or do a mail merge
15. Take care with abbreviations and emoticons
16. Be careful with formatting
17. Take care with rich text and HTML messages
18. Do not request delivery and read receipts
19. Do not ask to recall a message.
20. Do not copy a message or attachment without permission
21. Does not use email to discuss confidential information
22. Use a meaningful subject
23. Use active instead of passive voice when you write
24. Avoid using URGENT and IMPORTANT
25. Avoid long sentences
26. Don't send or forward emails containing libelous, defamatory, offensive, racist or obscene remarks
27. Don't forward virus hoaxes and chain letters
28. Keep your language gender neutral

31. Don't reply to spam
32. If you're unsure whether or not an email is spam, forward it to [abuse@memphis.edu](mailto:abuse@memphis.edu). The people in IT will let you know if the email is legitimate or not.
33. Use cc: field sparingly

#### Reference

Morgenstern, J. (2005). *Never check e-mail in the morning: and other unexpected strategies for making your work life work*. New York, Fireside.

## **PART IV: HIPAA POLICIES AND PROCEDURES**

## **1. Introduction**

The Health Insurance Portability and Accountability Act (HIPAA) of 1996, as amended, was enacted to protect a person's individually identifiable health information.

HIPAA involves the overall privacy and security of a person's protected health information. This manual contains policies and procedures established to comply with HIPAA.

The standards set forth by HIPAA apply to "covered entities," including health care providers. The Memphis Speech and Hearing Center ("the Center") is a covered entity and is thus required to comply with the regulations specified by HIPAA. The Center is operated by the University of Memphis, which is a HIPAA hybrid entity, and staffed by individuals employed by the School of Communication Sciences and Disorders ("the School"). The Center is a teaching facility and students from the School provide services to clients under the supervision of licensed faculty members. Since the individuals working within the Center are either employed by or students of the School, the School has chosen to require its employees, faculty, staff, and students who work in the Center to comply with the policies and procedures within this manual. Throughout this manual, most references will be to "the Center" as the primary acting entity. However, at times, it will also be necessary to refer to "the School" in order to articulate a specific entity which will be taking an action, such as in the Sanctions Policy.

## **2. Privacy**

### **2.1 Designation of Memphis Speech and Hearing**

Center

Effective Date	08/25/2020
Supersedes Date	01/01/2016
Review Date	August 2021

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#### **POLICY**

In accordance with the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA), the workforce of the Memphis Speech and Hearing Center ("Center") shall adhere to the following policies and procedures to protect and safeguard the Protected Health Information (PHI) created, acquired, and maintained by the Center.

#### **SCOPE and DESIGNATIONS**

The Privacy Rule regulates the use and disclosure of Protected Health Information (PHI) defined as individually identifiable health information (IIHI) that is transmitted or maintained in any form or medium, including electronic and paper records, as well as oral statements. The Privacy Rule, as well as the Administration Simplification rules, Security Rule, and Breach Notification Rule applies to Covered Entities, Hybrid Entities, and to Business Associates, as defined:

**1. Covered Entities (CE) [45 C.F.R.160.103]**

A covered entity is a health plan, a health care clearinghouse, or a health care provider that transmits any health information in electronic form relating to any covered transaction (claims, eligibility, claim status, prior authorization, enrollment, premium payment, or coordination of benefits).

*The Memphis Speech and Hearing Center (MSHC or Center) is a Covered Entity under HIPAA.*

**2. Hybrid Entity [164.504(a)]**

A covered entity that is a single legal entity and that conducts both covered and non-covered functions (whose covered functions are not its primary functions).

*The University of Memphis is a Hybrid Entity.*

## 2.2. Definitions

Effective Date	08/25/2020
Supersedes Date	01/01/2016
Review Date	August 2021

The following definitions are provided to assist in the understanding of the policies in this Manual. You may consult the HIPAA Privacy and Security Regulations cited with the definitions for the full, complete definition provided by federal law.

1. Disclosure [45 CFR §160.103] -- The release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information.
2. Privacy Rule [45 CFR §164.500 - §164.534] -- As used in HIPAA, "*privacy*" refers to the limiting of the uses and disclosures of Protected Health Information to those uses and disclosures which are permitted by the regulations.
3. Protected Health Information (PHI) [45 CFR §160.103] – Individually Identifiable Health Information that is transmitted or maintained in any form, except education records covered by the Family Educational Rights and Privacy Act and employment records.
4. Security Rule [45 CFR §164.302 - §164.318] -- As used in HIPAA, "*security*" refers to the physical, technical, and administrative processes and systems used to limit access to confidential data (i.e., how PHI will be kept confidential).
5. Transaction – [45 CFR §160.103] – The transmission of information between two parties to carry out financial and administrative activities related to health care (i.e. sending information to another entity via the internet or network). Transactions may include: health care claims or encounters, payment and remittance information, coordination of benefits, health care claim status, enrollment/disenrollment in a health plan, eligibility for health plan, health plan payments, referral requests, first report of injury, health claim attachments or other transactions that the Secretary of DHHS prescribes by regulation.
6. Use [45 CFR §160.103] -- With respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.
7. Workforce Members [45 CFR §160.103] -- Employee/staff/contractor/volunteer/student/agent and other persons whose conduct, in the performance of work for the department, is under the direct control of the department, regardless of whether they are paid by the entity. For SCSD AND MSHC, workforce members include academic faculty, Center faculty, staff, students, and volunteers.

### 2.3. Notice of Privacy Practices for PHI

Effective Date	08/25/2020
Supersedes Date	01/01/2016
Review Date	August 2021

Individuals served must be given a Privacy Notice outlining the uses and disclosures of PHI that may be made and notifying them of their rights and our legal duties with respect to PHI. The Notice informs the client/patient/family how health care information is used, to whom it may be disclosed, and rights under the law (see The MSHC's *Notice of Privacy Practices*). The MSHC will:

1. Provide the *Notice of Privacy Practices* at the client/patient's first visit after January 01, 2005;
2. Make a "good faith effort" to obtain written acknowledgement of receipt of notice. Receipt of notice will be documented on the *Release of Information* form and filed in the client/patient's chart; however, the Center may provide treatment if the client/patient /legal representative refuses to sign the receipt of notice
3. Post a copy in the Center lobby and on the Center's Website;
4. Post revised Notices in the Center waiting rooms and make them available upon request on or after the effective date of the revision;
5. Use or disclose identifiable health information in a manner consistent with its *Notice of Privacy Practices*;
6. Revise and redistribute the *Notice of Privacy Practices* when there is a material change in the use and disclosures of PHI or individual's rights. The notice must be available upon request on or after the effective date of the revision; and
7. Retain originals of all *Notice of Privacy Practices* with the MSHC Privacy Officer for a minimum of six (6) years from the last date the *Notice of Privacy Practices* was in effect.

## 2.4. Use & Disclosure of PHI Without An Authorization

Effective Date	08/25/2020
Supersedes Date	01/01/2016
Review Date	August 2021

The Center is allowed to use PHI for the following purposes, without obtaining an authorization signed by the client:

a. Treatment

The provision, coordination, or management of health care and related services among health care providers or by a health care provider with a third party, consultation between providers regarding a patient, or the referral of an individual from one health care provider to another.

b. Payment

Activities undertaken to obtain or provide reimbursement for health care, including determinations of eligibility or coverage, billing, collection activities, medical necessity determinations and utilization review.

c. Health Care Operations

Certain administrative, financial, legal, and quality improvement activities of a covered entity that is necessary to run its business and to support the core functions of treatment and payment. Functions such as conducting training programs in which students, trainees, or practitioners in area of health care practice or improve their skills as health care providers, quality assessment and improvement activities, reviewing competence or qualifications of health care professionals, conducting or arranging for medical review, legal services and auditing functions, business planning and development, and general business and administrative activities.

2. The Privacy Rule defines and sets limits in which an individual's PHI may be used or disclosed by covered entities. In general, covered entities may use and disclose PHI as the Privacy Rule permits or as the individual authorizes in writing. A covered entity *must* disclose PHI in only two situations:

- a. To individuals specifically when they request access to, or an accounting of disclosures of, their PHI

- b. To the Department of Health and Human Services when it is undertaking a compliance investigation or review or enforcement action.

SCSD AND MSHC may use and disclose a client/patient's PHI *without* an authorization when the use and disclosure is (1) to the individual client/patient or (2) for the purposes of treatment, payment and health care operations (TPO).

However, SCSD AND MSHC's policy is to obtain consent of the client/patient or the personal representative on the *Release of Information* when releasing information to other individuals or agencies for the purposes of treatment.

3. Exemptions to non-TPO categories (which therefore do not require patient authorization for use and disclosure) include (see 45 CFR §164.512 for specific requirements):

- a. Required by law;
- b. Public health activities;
- c. Disclosing to appropriate government authorities regarding reports of abuse, neglect, or domestic violence;
- d. Certain health oversight activities (audits and investigations necessary for

- oversight of the health care system and government benefit programs);
- e. Judicial and administrative proceedings;
  - f. In certain circumstances by law enforcement;
  - g. Decedents;
  - h. Cadaveric organ, eye or tissue donation;
  - i. Certain types of research (contact the Institutional Review Board for requirements)
  - j. Serious threat to health or safety threat;
  - k. Essential government functions; and
  - l. Workers Compensation claims, to the extent the information sought is directly related to the workers compensation claim. Release of any non-related information will require authorization from the client/patient.

## 2.5. Uses and Disclosures With an Authorization

Effective Date	08/25/2020
Supersedes Date	01/01/2016
Review Date	August 2021

### I. Use of an Authorization

- A. The Center obtains a signed "Authorization for Release of Information" from the individual or the individual's personal representative for all uses and disclosures of PHI that are not for Treatment, Payment, or Health Care Operations purposes (e.g., marketing, legal requests) or not otherwise permitted or required by law.
- B. If the Center seeks an authorization for use and disclosure of PHI for non-TPO purposes, the Center must provide the individual with a copy of the signed authorization. Business Office personnel will complete the bottom portion of the Authorization for Release of Information to witness signature and date of the completed form by the client/patient or personal representative.

### II. Valid Authorization

In order to be a valid authorization, the document must be written in plain language and the following elements and required statements must be included in the document:

- A. A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion;
- B. The name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure;
- C. The name or other specific identification of the person(s), or class of persons, to whom the covered entity may make the requested used or disclosure;
- D. A description of each purpose of the requested use or disclosure. The statement "at the request of the individual" is a sufficient description of the purpose when an individual initiates the authorization and does not, or elects not to, provide a statement of the purpose;
- E. An expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure. The statement "end of the research student," "none," or similar language is sufficient if the authorization is for a use or disclosure of PHI for research, including the creation and maintenance of a research database or research repository;  
Signature of the individual and date. If the authorization is signed by a personal representative of the individual, a description of such representative's authority to act for the individual must also be provided;
- F. A statement regarding the individual's right to revoke the authorization in writing, and either:
  - 1. The exception to the right to revoke and a description of how the individual may revoke the authorization; or
  - 2. A reference to the Center's Notice of Privacy Practices if the Notice contains information

regarding any exceptions to the right to revoke and a description of how the individual may revoke the authorization.

G. The ability or inability to condition treatment, payment, enrollment or eligibility for benefits on the authorization, by stating either:

1. The Center may not condition treatment, payment, enrollment, or eligibility for benefits on whether the individual signs the authorization when the prohibition on conditioning of authorization applies; or
2. The consequences to the individual of a refusal to sign the authorization, if the Center is allowed to condition treatment, payment, enrollment, or eligibility for benefits on the signing of the authorization by the individual.

H. A statement regarding the potential for information disclosed pursuant to the authorization to be subject to redisclosure by the recipient and no longer be protected by federal privacy law.

## 2.6. Minimum Necessary Use, Disclosure and Request for PHI

Effective Date	08/25/2020
Supersedes Date	01/01/2016
Review Date	August 2021

All individuals associated with SCSD AND MSHC are generally expected to limit their uses and disclosures of PHI and requests for PHI to the minimum amount of information necessary to perform their duties. This general expectation does not mean that providers should restrict exchanges of information required in order to treat patients quickly and effectively. Workforce members within SCSD AND MSHC that routinely use and exchange health information will develop policies and/or procedures explaining how much information may be used, disclosed, or requested in situations that occur on a routine and non-routine basis. For academic faculty and staff that do not routinely use and exchange health information, the SCSD AND MSHC Privacy Officer should advise the employee(s) on how the health information may be used and disclosed.

On a routine basis:

1. Center faculty and students, who are part of the treatment process, may access the entire client/patient record, as needed for treatment and case management. With the exception of treatment purposes, access to a client/patient's health information, or the use or disclosure of a client/patient's health information, is limited to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.
2. Center staff that need to access PHI to complete their duties, will access only the part of the client/patient record that is needed to complete job responsibilities (billing, filing, making appointments, etc.).
3. Faculty and students will use de-identified information for discussing cases for training purposes in a classroom setting.

## 2.7. Personal Representative

Effective Date	8/25/2020
Supersedes Date	01/01/2016
Review Date	August 2021

### 1. Personal Representative [See 45 CFR §164.502(g)(1)]

An adult or emancipated minor who has the authority to make health care decisions for the client/patient. The Memphis Speech and Hearing Center will treat the client/patient's personal representative the same as the client/patient, with respect to the Privacy Rule provisions.

#### a. Emancipated Minor

A minor (under the age of 18) who is regarded as an adult for legal proceedings. The Privacy Officer should be contacted when a determination is needed regarding the status of a minor who may be emancipated.

## 2.8. Access to Protected Health Information

Effective Date	08/25/2020
Supersedes Date	01/01/2016
Review Date	August 2021

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### POLICY

The Center will provide access to protected health information [“PHI”] maintained about a client in the Center’s designated record set to the client or the client’s designated representative.

### PURPOSE

Federal law grants patients/clients the right of access to inspect and obtain a copy of the protected health information [“PHI”] maintained about the individual in a designated record set.

### DEFINITIONS

**Designated Record Set maintained by MSHC** - A group of records maintained by or for the Center. This includes the medical and billing records relating to an individual maintained, collected, used, or disseminated by or for MSHC that are used in whole, or in part, to make decisions about the individual, regardless of who originally created the information.

The following documents maintained by MSHC shall constitute its designated record set:

1. Demographic information/intake sheets
2. Results/professional interpretation of tests
3. Graphical representations of hearing tests/print-outs from testing equipment
4. Evaluation notes
5. Clinical notes
6. Billing records
7. Consent and Authorization forms

The following documents shall not be considered part of MSHC’s designated record set:

1. Internal notes regarding customer service issues
2. Student work in progress/not reviewed by faculty supervisor

### PROCEDURES

A client who wishes to exercise his/her/their right of access to inspect and/or obtain a copy of the PHI maintained about them will be directed to the Clinic Coordinator, who will verify the identity of the individual if the person is not already known to them and who will inquire as to the specific records being sought.

If the client seeks to review PHI that is in the physical possession of MSHC, then an Office Associate or other designated person will sit with the client in a private location to ensure the integrity of the record and to answer any questions the client may have.

If the client seeks to obtain a copy of PHI that is in the physical possession of MSHC, then Clinic Coordinator will process the request within ten (10) days of the receipt of the request. The copy will be provided free of charge. The Clinic has the ability to save the requested documents to a flash drive, if requested by the client.

If a client makes the request to obtain a copy of their PHI via phone, at least three of the following data elements about the client will be used to verify the identity of the requester: Date of Birth, SSN, cell phone number, home phone number, mailing address, or insurance provider. If the workforce member sees on the caller ID that the call is from a phone number listed in the file as belonging to the client, then the workforce member need only to verify an additional two data elements.

The client may request that a copy of their PHI be sent directly to another person designated by the client. Such requests must be made in writing and signed by client. The written request must clearly identify the designated individual and where the copy of PHI is to be sent.

In the event that an individual requests a copy of their Consultative Exam, including reports and records related to the Exam, MSHC contacts the Disability Determination Services to determine which entity is responsible for releasing a copy of the Consultative Exam to the individual.

### **Unreviewable grounds for denial**

MSHC may deny an individual the right of access to their record for the following reasons and the individual will not have the right to have such denial reviewed or reconsidered:

1. If the record is a psychotherapy note;
2. If the record is information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding;
3. If the PHI was created or obtained in the course of research that includes treatment and the client agreed to the temporary suspension of access to the PHI when consenting to participate in the research. MSHC must inform the client that the right of access will be reinstated upon completion of the research.
4. If the record is subject to the Privacy Act, 5 U.S.C. 552a and denial of access would meet the requirements of the Privacy Act.
5. If the PHI was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

### **Reviewable grounds for denial**

MSHC may deny an individual the right of access to their record for the following reasons, provided that the individual is given a right to have such denials reviewed:

1. A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person;
2. The PHI makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgement, that the access requested is reasonably likely to cause substantial harm to such other person; or

3. The request for access is made by the individual's personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.

If a request for access is denied for one of the three reviewable grounds for denial, the individual has the right to have the denial reviewed by a licensed health care professional who is designated by MSHC to act as a reviewing official and who did not participate in the original decision to deny. MSHC must provide or deny access in accordance with the determination of the reviewing official. The reviewing official must make a determination to approve or deny access within a reasonable amount of time and MSHC will promptly provide written notice to the individual of the reviewing official's determination and take any action necessary to carry out the determination.

If MSHC denies a request for access, the denial must be timely provided, in writing, to the individual. The denial must be written in plain language and contain the basis for denial, and if the basis is a reviewable ground for denial, then the individual is provided with a description of how to exercise the right to a review. Additionally, the written denial must contain a description of how the individual may complain to MSHC or to the Secretary of the U.S. Department of Health and Human Services. The description must include the name, or title, and telephone number of MSHC's designated HIPAA contact person or office.

To the extent that access can be granted to other parts of the designated record set that do not include PHI which is subject to denial, access to those parts of the designated record set is granted by MSHC.

## 2.9. Amendment of Protected Health Information

Effective Date	08/25/2020
Supersedes Date	N/A
Review Date	August 2021

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### POLICY

The workforce of the School of Communication Sciences and Disorders (SCSD) and Memphis Speech and Hearing Center (MSHC) recognizes the right of an individual to request MSHC to amend protected health information [“PHI”] or a record about the individual maintained in a designated record set [“DRS”] for as long as the PHI is maintained in the DRS.

### PURPOSE

Federal law grants patients/clients the right to request amendment of the protected health information [“PHI”] maintained about the individual in a designated record set.

### PROCEDURES

MSHC may deny an individual’s request for amendment for the following reasons:

1. The PHI was not created by MSHC, unless the individual provides a reasonable basis to believe that the originator of the PHI is no longer available to act on the requested amendment;
2. The PHI is not part of the designated record set;
3. The PHI would not be available for inspection or copying under the individual’s right of access; or
4. The PHI is accurate and complete as currently documented.

A. Making a request for amendment

1. The individual must make the request for amendment in writing and must provide a reason to support the request.
2. The request is forwarded to Clinic Coordinator for review and processing.
3. MSHC acts upon the request by either approving or denying the request within sixty (60) days of the receipt of the request, unless there is a good reason why MSHC cannot make a decision upon the request within sixty (60) days. In that event, MSHC notifies the individual, in writing, within the initial sixty (60) day window of the reason(s) for the delay in making a decision upon the request and provides the date by which a decision will be made, such date being no later than thirty (30) days past the initial sixty (60) day timeframe.

B. Approving a request for amendment

If MSHC approves the request for amendment, in whole or in part, it will take the following actions:

1. MSHC will make the appropriate amendment to the PHI or record that is the subject of the request for amendment.
2. MSHC will notify the individual of its decision to approve the amendment
3. MSHC will ask the individual to identify relevant persons with whom the amendment needs to be shared.
4. MSHC will ask the individual for permission to share the amendment with those identified persons.

5. MSHC will make reasonable efforts to inform and provide the amendment within a reasonable time to the following:
  - a. Persons identified by the individual as needing the amendment; and
  - b. Persons, including business associates, that MSHC knows have received the PHI that is the subject of the amendment and who may have relied, or could foreseeably rely, on such information to the detriment of the individual.
  - c. ULPS and Cerner will be notified of the change, with associated documentation, to coordinate updating of all necessary systems.

C. Denying a request for amendment

If MSHC denies the request for amendment, in whole or in part, it will take the following actions:

1. MSHC will provide the individual with a timely written denial. The denial will be in plain language and contain the following information:
  - a. The basis for the denial;
  - b. The individual's right to submit a written statement (limited to two type-written pages) disagreeing with the denial and a description of who the individual may file such a statement;
  - c. A statement that, if the individual does not submit a statement of disagreement, the individual may request that MSHC provide the individual's request for amendment and the denial with any future disclosures of the PHI that is the subject of the amendment; and
  - d. A description of how the individual may complain to MSHC or to the Secretary of the U.S. Department of Health and Human Services. The description will include the name, or title, and telephone number of MSHC's designated contact person or office.
2. If the individual submits a statement of disagreement, MSHC may opt to provide a written rebuttal in response to the statement of disagreement. If MSHC opts to draft a written rebuttal, a copy is provided to the individual.
3. MSHC will append or otherwise link the following documents to the designated record set that is the subject of the requested amendment:
  - a. The request for amendment
  - b. MSHC's denial of the request for amendment
  - c. The individual's statement of disagreement, if one is submitted
  - d. MSHC's rebuttal, if one is created
4. If the individual submits a statement of disagreement, MSHC will include the documents listed in Section 3 above, or an accurate summary of the documents, with all subsequent disclosures of the PHI which is in dispute.
5. If the individual does NOT submit a statement of disagreement, MSHC needs only to submit the request for amendment and MSHC's denial of the amendment with future disclosures of the PHI in dispute IF the individual has requested that the documentation be included with future disclosures.
6. If the future disclosure of the PHI in dispute is done via a standard transaction that does not permit the inclusion of additional documentation, the appended documents regarding the amendment request may be sent separately to the recipient of the PHI.

D. Inclusion of amendments from other HIPAA covered entities

If MSHC is informed by another covered entity of an amendment to an individual's PHI, MSHC will amend the PHI in its designated record set accordingly.

## 2.10. Accounting of Disclosures

Effective Date	08/25/2020
Supersedes Date	01/01/16
Review Date	August 2021

### POLICY

The workforce of the School of Communication Sciences and Disorders (SCSD) and Memphis Speech and Hearing Center (MSHC) recognizes the right of an individual to request an accounting of disclosures made by MSHC in the six years prior to the date of the request.

### PURPOSE

Federal law grants patients/clients the right to request an accounting of disclosures made about them for up to six years in the past, with certain exceptions.

### PROCEDURES

#### A. Receiving a Request for an Accounting of Disclosures

For any routine or non-routine disclosures made directly by MSHC, a log will be maintained by the Privacy Officer and/or designee of the information needed to be responsive to an Accounting of Disclosures and the Clinic Coordinator will be responsible for timely processing any requests received for an Accounting of Disclosures.

#### B. Maintaining a Log of Disclosures

The following information will be maintained in the log of disclosures:

- a. Date of the disclosure;
- b. Name, Title, or Department and Name of Organization to whom the disclosure was made;
- c. Address of the Organization receiving the PHI;
- d. General description of the PHI disclosed;
- e. Brief statement explaining the purpose of the disclosure or a copy of the written request that prompted the disclosure.

#### C. Information Exempted from the Log of Disclosures

The following types of information do not need to be maintained in the log of disclosures:

- f. Disclosures made for the purpose of treatment, payment, and/or health care operations;
- g. Disclosures made to the individual who is the subject of the PHI;
- h. Disclosures made incident to a use or disclosure otherwise permitted or required;
- i. Disclosures made pursuant to a HIPAA compliant authorization;
- j. Disclosures made for the facility's directory or to persons involved in the individual's care or other notification purposes;
- k. Disclosures made for national security or intelligence purposes;
- l. Disclosures made to correctional institutions or law enforcement officials;
- m. Disclosures made as part of a limited data set;
- n. Disclosures that occurred prior to the HIPAA compliance date for MSHC;

#### D. Disclosures made to Business Associates

Any disclosures that are made to a business associate of MSHC for a purpose not excluded in the above section L will need to be included in the log of disclosures.

#### E. Multiple Disclosures to the Same Entity

If MSHC has made multiple disclosures to the same entity for the same purpose during the timeframe for which an Accounting of Disclosures is requested, MSHC may list the date range during which it has released information to the entity, and specifically include the date of the

last disclosure, along with the frequency of the disclosures (for example, weekly, monthly, quarterly, etc.) or the total number of disclosures made during the accounting period, for the purpose of producing the Accounting of Disclosures.

**F. Disclosures for Research**

If MSHC has made disclosures of PHI involving 50 or more individuals for a specific research project, in accordance with a Waiver of Authorization from an IRB, the Accounting of Disclosures provided to an individual requester will also include the following information:

- o. The name of the protocol or other research activity;
- p. A description, in plain language, of the research protocol or the research activity, including the purpose of the research and the criteria for selecting particular records;
- q. A brief description of the type of PHI that was disclosed;
- r. The date or period of time during which the disclosures occurred, or may have occurred, including the date of the last such disclosure during the accounting period;
- s. The name, address, and telephone number of the entity that sponsored the research and of the researcher to whom the information was disclosed; and
- t. A statement that the PHI of the individual may or may not have been disclosed for a particular protocol or other research activity.

**G. Request for Assistance with Research Disclosures**

If, after receiving an Accounting of Disclosures that includes the information listed in Section F above, an individual requests assistance in contacting the entity that sponsored the research and/or the researcher that received the PHI, MSHC will provide such assistance.

**H. Time Limits for Requesting an Accounting of Disclosures**

The Accounting of Disclosures provided to an individual will include disclosures of PHI that occurred during the six years prior to the date of the request, unless the individual requests an Accounting of Disclosures for a shorter period of time.

**I. Gathering Disclosures from Business Associates**

Upon receipt of a Request for an Accounting of Disclosures, the Dean or Clinic Director will promptly contact any business associates of MSHC which may have received PHI about the individual making the request for the Accounting of Disclosures to inquire whether the business associate has made any subsequent disclosures that would be applicable to include in the Accounting of Disclosures.

**J. Timeframe for Responding to a Request for an Accounting of Disclosures**

MSHC will respond to the individual who requested the Accounting of Disclosures within sixty (60) days of the receipt of the request. If MSHC is unable to provide the individual with the requested Accounting of Disclosures within sixty (60) days, MSHC will provide a written statement to the individual, within the initial sixty (60) day period, providing the reasons for the delay and the date by which MSHC will be able to provide the requested Accounting of Disclosures, provided that the extension of time for providing the requesting Accounting of Disclosures may not exceed thirty (30) days.

**K. Request by Health Oversight/Law Enforcement to Suspend Right to Accounting**

MSHC will temporarily suspend an individual's right to receive an accounting of disclosures made to a health oversight agency or law enforcement, if such agency or law enforcement official requests the temporary suspension is needed because providing the information about disclosures made would be reasonably likely to impede the agency or law enforcement's actions. If the agency or law enforcement official makes the request for suspension in writing and specifies a timeframe for the suspension, MSHC will exclude disclosures made to the health oversight agency or law enforcement agency on any Accounting of Disclosures provided to an individual for the time specified by the agency or law enforcement official. If the agency or law enforcement official makes the request for suspension orally, MSHC will document the statement and the identity of the official making the request. MSHC will suspend disclosures,

based on an oral request, for no more than thirty (30) days, unless a written request is subsequently received. MSHC will inform the agency or law enforcement official making the oral request of the thirty (30) day limitation.

**L. Charges for Providing an Accounting of Disclosures**

MSHC will provide an individual with an Accounting of Disclosures free of charge in any twelve (12) month period. For subsequent requests within the same twelve (12) month period of time, MSHC may charge a reasonable, cost-based fee for the subsequent requests, provided that MSHC informs the individual in advance of the fee and provides the individual with an opportunity to modify or withdraw the request in order to reduce or avoid the fee.

**M. Retention of Documentation**

All documentation related to the maintenance of a log of disclosures, along with documentation of requests for an Accounting of Disclosures, including a copy of the Accounting of Disclosures provided to an individual, any written correspondence with individuals regarding their requests for Accountings of Disclosures, and the title(s) of the persons responsible for receiving and processing requests for Accountings of Disclosures will be maintained by MSHC for a period of not less than six (6) years.

## 2.11. Right to Request Restrictions

Effective Date	08/25/2020
Supersedes Date	01/01/2016
Review Date	August 2021

- A. Any client requesting a restriction upon the use or disclosure of their PHI will complete the Request for Restrictions form and submit the form to the front desk.
- B. The front desk will promptly forward the Request for Restrictions form to the Privacy Officer for review.
- C. Upon reviewing the Request for Restrictions form, the Privacy Officer will determine whether the Center is capable of honoring the client's request. A Request for Restrictions may be denied if the honoring the request poses an administrative burden upon the Center.
- D. The Privacy Officer will place a note on the Request for Restrictions form noting whether the request will be honored or denied. The Privacy Officer, or the Privacy Officer's designee, will notify the client within five (5) days of the receipt of the Request for Restrictions form as to whether the client's request can be honored or will be denied.
- E. If the Request for Restrictions is approved, appropriate steps, such as modifying a mailing address or phone number in the computer system, will be taken to honor the request.
- F. If the Request for Restrictions is denied.
- G. Documentation of the Request for Restrictions form and approval/denial will be maintained for six (6) years.

## 2.12. Confidential Communications

Effective Date	08/25/2020
Supersedes Date	01/01/2016
Review Date	August 2021

An individual has a right to request to receive communications of PHI by alternative means or at alternative locations, and reasonable requests must be accommodated (see *Communication Accommodation Request Form*). The MSHC will document in the client/patient's record any requests for alternative means of communication (e.g. phone contact only) or alternative locations (e.g. communication sent to a different address) and accommodations will be made, as reasonable.

## 2.13. Faxing of Protected Health Information

Effective Date	08/25/2020
Supersedes Date	01/01/2016, 07/01/2018
Review Date	August 2021

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### POLICY

The workforce of the School of Communication Sciences and Disorders (SCSD) and Memphis Speech and Hearing Center (MSHC) will protect the confidentiality of Protected Health Information (PHI) when transmitting or receiving information via facsimile (fax).

### PURPOSE

Fax machines provide a mechanism for rapid and cost-effective communication to outside entities with which SCSD and MSHC conduct business. The purpose of this policy is to describe the procedures required to preserve the privacy and security of PHI transmitted to or from SCSD and MSHC by fax.

### PROCEDURES

#### I. Fax transmission authorization

- A. Only the privacy officer, security officer, business manager, or Director of Clinical Service(s) may authorize persons allowed to send faxes containing PHI.
- B. Fax transmissions may be authorized when:
  1. A provider urgently needs information for patient care.
  2. A patient has requested the information be sent via fax per their *Release of Information form*.
  3. Only the PHI necessary to meet the requester's needs should be faxed.
- C. Persons authorized to send fax transmissions:  
The business office staff and clinical faculty are authorized to send faxes containing PHI once they have had HIPAA training and have passed the test with an 80% passing score.

#### II. Security of Fax Machine:

All fax machines in the Clinic are to be located in areas **not** accessible to visitors and client/patients.

#### III. Fax transmission procedures

- A. Prior to faxing any PHI, reasonable steps must be taken to ensure the fax transmission will reach the intended recipient by:
  1. Confirming the fax machine is located in a secure area or that the recipient is waiting by the fax machine waiting to receive the transmission.
  2. Verifying the fax number.
  3. Verifying the recipient's right to receive PHI by checking the *Release of information form*.
- B. Entering fax numbers
  1. When a fax number is entered manually, the individual entering the number will check the recipients fax number on the fax machine prior to hitting start.
  2. If PHI is frequently sent to certain entities, then those fax numbers should be pre-programmed in the fax machine. These numbers should be checked frequently to

confirm they are still valid.

- C. All faxes containing PHI must include a cover sheet that includes:
  - 1. Center name and address
  - 2. Center telephone and fax number
  - 3. Sender's name
  - 4. Date of transmission
  - 5. Receiver's name and fax number
  - 6. Number of pages sent (including cover sheet)
  - 7. The comments section should not contain any PHI
  - 8. Confidentiality and destruction statement
- D. Wait for return fax of cover sheet verifying receipt of information.
- E. Verify the intended recipient received the fax. If the intended recipient notifies the sender that the fax was not received, the sender will follow the misdirected fax guidelines below.
- F. Re-file faxed information in client/patient's file.
- G. File fax cover sheet in client/patient's file in appropriate section (see SCSD Handbook policy).

#### IV. Misdirected Faxes

- A. If it is determined that a fax was misdirected or failed to reach the proper recipient, then the sender will need to:
  - 1. Determine the number of where the fax was sent.
  - 2. If the fax was sent to the wrong fax number, the sender will:
    - A. Immediately attempt to contact the recipient by fax or telephone and request the faxed documents, and any copies of them, be immediately returned to MSHC or be destroyed. If the fax is destroyed by the recipient, request a certificate of destruction or other written verification of destruction from recipient.
    - B. Notify their direct supervisor and the HIPAA Privacy Officer and complete a PHI Incident Report form.

#### V. Receiving Faxes Containing PHI

- A. Workforce members who are intended recipients of faxes that contain PHI will take reasonable steps to minimize the possibility those faxes are viewed or received by someone else.
- B. Incoming faxes need to be removed from the fax machine immediately upon completion of transmittal.
- C. Cover sheet should be reviewed for any special instructions.
- D. Pages should be counted to ensure all have been received.
- E. Any documents containing PHI intended to go to a clinical faculty member or business officer will be placed in a sealed envelope and placed in the appropriate person's inbox.
- F. If a misdirected fax is received, the individual sending the fax will be notified and the information will be destroyed immediately.
- G. If the fax number changes, the business officer(s) will need to advise any entity that routinely faxes PHI of the new fax number.

#### VI. Enforcement

Workforce members who do not comply with this policy will be in violation and appropriate action will be taken based on individual circumstances (see Violation/Sanction policy).

## 2.14. De-Identification of PHI Policy

Effective Date	08/25/2020
Supersedes Date	01/01/2016
Review Date	August 2021

### POLICY

HIPAA regulations specify the methods by which PHI may be determined to be de-identified. The Center follows these methods for creating de-identified PHI when it is appropriate to create de-identified PHI.

### PROCEDURES

#### A. De-identified Standard [164.514(a)]

Health information that does not identify an individual, and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual, is not individually identifiable health information.

#### B. The Center may determine that health information is not individually identifiable health information by following either of the following methods:

Method 1 -- A person with appropriate knowledge and experience with generally acceptable statistical and scientific principles and methods for rendering information not individually identifiable applies such principles and methods and determines that the risk is very small that the information could be used, alone or in combination with other reasonably available information, by an anticipated recipient to identify an individual who is a subject of the information and documents the methods and results of the analysis that justify such a determination.

Method 2 – The following identifiers of the individual or of relatives, employers, or household members of the individual are removed from the information and the Center does not have actual knowledge that the information could be used alone or in combination with other information to identify an individual who is a subject of the information:

1. Name
2. All geographic subdivisions smaller than a state, including street address, city, county, precinct, ZIP code, and their equivalent geocodes, except for the initial three digits of the ZIP code if, according to the current publicly available data from the Bureau of the Census:
  - a. The geographic unit formed by combining all ZIP codes with the same three initial digits contains more than 20,000 people; and
  - b. The initial three digits of a ZIP code for all such geographic units containing 20,000 or fewer people is changed to 000.
3. All elements of dates (except year) for dates that are directly related to an individual, including birth date, admission date, discharge date, death date; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older
4. Telephone numbers
5. Fax numbers
6. Email addresses
7. Social security numbers
8. Medical record numbers
9. Health plan beneficiary numbers

10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers, including license plate numbers
13. Device identifiers and serial numbers
14. Web Universal Resource Locators (URLs)
15. Internet Protocol (IP) address numbers
16. Biometric identifiers, including finger and voice prints
17. Full face photographic images and any comparable images.
18. Any other unique identifying number, characteristic or code, except a code or other means of record identification allowed by the HIPAA Privacy Rule and explained in Section C below.

C. Re-identification [164.514 (c)]

1. Use of a Code for Re-Identification:

A covered entity may assign a code or other means of record identification to allow information de-identified under this section to be re-identified by the covered entity, provided that:

- a. The code or other means of record identification is not derived from or related to information about the individual and is not otherwise capable of being translated so as to identify the individual; AND
- b. The covered entity does not use or disclose the code or other means of record identification for any other purpose, and does not disclose the mechanism for re-identification.

2. Effect of Re-identification/Disclosure of Re-identification code:

The HIPAA implementation specifications allow the assignment of a unique code to the set of de-identified health information to permit re-identification by the covered entity. If the Center uses a re-identification code to identify the subject of de-identified information it maintained, the health information now related to a specific individual would again be protected by the Privacy Rule, as it would meet the definition of PHI. Disclosure of a re-identification code or other means of record identification designed to enable coded or otherwise de-identified information to be re-identified is also considered a disclosure of PHI.

## 2.15. Research

Effective Date	08/25/2020
Supersedes Date	01/01/2016
Review Date	August 2021

### Policy:

PHI may be used or disclosed for research purposes so long as all state, federal, and University of Memphis regulations strictly adhered as stated in said relevant "Research" policies. Research faculty/staff/ and/or students who would like access to SCSD AND MSHC PHI must be trained on MSHC HIPAA regulations and pass the HIPAA test with at least an 80% score. **An initial contact by researcher must be documented in the summary of service in client/patient file.**

### Process:

1. When a faculty member identifies a research project they wish to conduct, the faculty member discusses the proposed project with the Privacy Officer prior to submitting the proposal to the IRB.
2. The faculty member completes and submits paperwork to the IRB for review and approval.
3. The faculty member receives IRB approval.
4. The faculty member submits IRB approval to the Privacy Officer for review, along with a summary of purpose of research and the types of information approved to be used for research.
5. The Privacy Officer runs reports from Cerner that meet the criteria approved for research by the IRB.
6. The Privacy Officer consults a spreadsheet of individuals who have opted out of the research pool and removes any information from the reports pertaining to individuals who have opted out.
7. The Privacy Officer provides the updated reports to the faculty researcher.
8. The Privacy Officer maintains a copy of the search parameters used and the results obtained, along with the date the reports were provided to the faculty researcher and the corresponding IRB approval for use in an Accounting of Disclosures. The information is maintained on the Center's HIPAA database.
9. The faculty member contacts prospective subjects via their preferred method listed on the research contact form.
10. The research takes place.
11. Any request for an Accounting of Disclosures is shared with the Privacy Officer to determine whether the individual's information was included on any reports used for research projects. If the individual's information was provided to a faculty researcher, appropriate information is included on the Accounting of Disclosures provided to the individual.

## 2.16. Documentation Requirements

Effective Date	08/25/2020
Supersedes Date	01/01/2016
Review Date	August 2021

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### POLICY

The Center is committed to compliance with the requirements of the HIPAA Privacy Rule, HIPAA Security Rule and the Breach Notification Rule by documenting, maintaining and updating its policies, procedures, and other required documentation.

### PURPOSE

The Center is committed to compliance with the HIPAA Privacy Rule, Security Rule and Breach Notification Rule by documenting its policies and procedures, along with any action, activity, assessment or designation required by the Privacy Rule, Security Rule or Breach Notification Rule.

The documentation will be:

1. Maintained for six (6) years from the date of its creation or the date when it was last in effect, whichever is later.
2. Reviewed periodically and updated as needed, in response to changes in the law or environmental or operational changes affecting the access, availability, integrity, or security of PHI.
3. Maintained electronically or in paper form.
4. Made available to workforce members to carry out their roles and responsibilities.

## 2.17. Marketing Policy

Effective Date	08/25/2020
Supersedes Date	01/01/2016
Review Date	August 2021

### A. Marketing Defined

1. Marketing is an arrangement whereby the covered entity discloses PHI to another entity, in exchange for direct or indirect remuneration, for the entity to make a communication about a product or service that encourages recipients of the communication to purchase the product or services (e.g., selling a list of client/patient names to a third party for marketing its own products).

It is not considered marketing if the communication is made:

- a. To describe a health-related product or service (or payment for such product or service) that is provided by the Memphis Speech and Hearing Center,
- b. For treatment of the client/patient, or
- c. For case management or care coordination of the client/patient, or to direct or recommend alternative treatments, healthcare providers, or settings of care to the individual.

2. If a communication meets the definition of marketing, the individual is informed regarding how to opt out of receiving future communications. Additionally, if the marketing involves direct or indirect remuneration to the covered entity from a third party, the authorization must state that such remuneration is involved.

3. Exceptions to the authorization requirement stipulate that a client/patient authorization is not required for marketing under the following situations:

- a. If the communication occurs in person with the individual (i.e. may discuss products in face-to-face communication, may give sample products), or
- b. If the communication is about a product or service of nominal value (i.e., distributing magnets, inexpensive calendars, other inexpensive promotional items).

The Center will not engage in marketing as defined in the Privacy Rule.

## 2.18. Fundraising

Effective Date	08/25/2020
Supersedes Date	01/01/2016
Review Date	August 2021

1. Fundraising communications include the following criteria:
  - a. The covered entity, its business associate, or an institutionally related foundation must make the communication;
  - b. Only demographic information related to an individual and dates of service may be used or disclosed for fundraising;
  - c. The information may be used to raise funds for the benefit of the covered entity that has the authority to use the information for treatment, payment, and health care operations with respect to the individual;
  - d. Fundraising materials sent to the individual must describe how the individual may opt out of receiving any further fundraising communications; and
  - e. The covered entity must make reasonable efforts to ensure that individuals who opt out are no longer sent such communications.
2. An authorization is not required for fundraising uses and disclosures if the information is limited to 1a. and 1b. as stated above.
3. If IIHI is to be used for marketing or fundraising without a specific authorization, those activities must be included in the Notice of Privacy. The MSHC will provide notification of potential fundraising activities in the "*Notice of Privacy Practices*" and will provide a means for individuals to opt out of fundraising contacts.
4. Opt-Out options will include an email address and a toll-free telephone number, in addition to a local mailing address.
5. The Center will update its Opt-Out list promptly upon receipt of an opt-out request.

## 2.19 Business Associates

Effective Date	08/25/2020
Supersedes Date	1/01/2016
Review Date	August 2021

### POLICY

Memphis Speech & Hearing Center (MSHC) will maintain appropriate business associate agreements with any entity with which it shares Protected Health Information (PHI), as defined by HIPAA, in order that the other entity may provide services to MSHC.

### PURPOSE

HIPAA defines a Business Associate as a person or entity that performs certain functions, activities, or services on behalf of the covered entity, involving the use or disclosure of PHI. HIPAA requires certain contractual terms be in place prior to sharing PHI with a business associate.

### PROCEDURES

- A. Prior to entering into a contract with a provider of any service to MSHC, a review will be conducted to determine whether MSHC will be providing PHI to the other entity. If PHI will be provided to the entity, the Privacy and/or Security Officer for MSHC will review the data elements that are proposed to be provided to the business associate in order to evaluate whether the data elements have been limited to the minimum necessary to accomplish the purpose for which the PHI is being shared.
- B. If the business associate will be receiving and/or storing the PHI from MSHC in an electronic format, the Privacy and/or Security Officer for MSHC will inquire of the business associate regarding the business associate's protocol for security the PHI.
- C. If the Privacy and/or Security Officer for MSHC feels they need additional technical assistance regarding the security provided by the business associate, they will contact IT Services, Office of Legal Counsel, or other internal resources for assistance.
- D. The Business Associate Agreement included in this Manual as Appendix D will serve as the standard business associate agreement used by MSHC. If the business associate requests modification of the terms of the standard business associate agreement, those modifications will be presented to the University Legal Department for review and approval.
- E. If MSHC becomes aware of a pattern of activity or practice of one of its business associates that constitutes a material breach or violation of the terms of the business associate agreement or other contract between MSHC and the business associate, MSHC shall promptly contact the business associate regarding the breach or violation and ask the business associate to cure the breach. If the business associate does not timely cure the breach or end the violation, MSHC will provide notice of termination of the contract and business associate agreement. If MSHC is unable to terminate the contact and the business associate agreement (ie. the business associate is the only company that provides a service that MSHC needs), then MSHC will notify the Secretary of the Department of Health and Human Services regarding the issue.

## 2.20. Training

Effective Date	08/25/2020
Supersedes Date	01/01/2016
Review Date	August 2021

- A. All members of the workforce will be trained in security and privacy safeguards as stated in *Administrative Requirements for HIPAA*.
- B. Training sessions will be conducted annually during orientation or when deemed necessary by the MSHC Privacy Officer and/or Security Officer. All members of the workforce are required to pass the examination at the 80% level before engaging in clinical activity.

### 3. Violations & Sanctions Policy and Procedure

Effective Date	08/25/2020
Supersedes Date	01/11/2015
Review Date	August 2021
Approval of Dean	01/11/2015

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#### POLICY

Patient Protected Health Information (PHI) will be regarded as confidential and may not be used or disclosed except to authorized users for approved purposes. Access to PHI is only permitted for direct patient care, education and training of students, approved administrative, legal, or supervisory functions, or with the approval of the Privacy Officer and/or Security Officer.

Faculty, staff, students, volunteers and/or associates found to have committed any unauthorized disclosures or failure to comply with the HIPAA policies and procedures of the Memphis Speech and Hearing Center (MSHC), referred to throughout as "the Center," which have been adopted by the School of Communication Sciences and Disorders ("the School") will be disciplined in accordance with the stated sanctions listed in this policy, up to and including termination from employment, expulsion from the School, termination of clinical practicum or termination of volunteer work. The type of sanction will depend on the intent of the individual and the severity of the violation. The offenses listed below, while not all-inclusive, are organized according to the severity of the violation.

Should a student commit a HIPAA violation while participating in practicum at another site, the site's own sanctions may be applied independent of, or in conjunction with, sanctions by the School.

#### PURPOSE

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that covered entities have and apply appropriate sanctions against members of their workforce who fail to comply with Privacy Policies and Procedures of the entity, or the requirements of the Rule (45 CFR SS 164.530(e)(1).

It is the intention of the Center and the School to ensure the confidentiality and integrity of patient PHI as required by federal and state laws, the American Speech-Language-Hearing Association's Code of Ethics, American Academy of Audiology Code of Ethics and accreditation and licensure requirements.

This document details policies, guidance, and standards for faculty, staff, students, volunteers, and/or associates of the School who work at the Center. This document establishes performance expectations for carrying out the provisions of HIPAA and the corrective actions (sanctions) that may be imposed to address privacy violations.

All faculty, staff, students, volunteers, and/or associates of the School who work at the Center sign the Acknowledgement of the HIPAA Violation Sanction Policy and turn in to the Center's HIPAA Privacy Officer.

#### PROCEDURES

- I. Permitted Access for Use and Disclosures
  - A. Definitions
    - 1. Access  
To obtain, open, retrieve, or otherwise handle a patient's PHI, regardless of its format
    - 2. Single Access  
Accessing one patient's record within a single twenty-four-hour period.
    - 3. Multiple Access
      - a. Accessing two or more patient's records on more than one occasion regardless of the time frame in which it occurs
      - b. Assessing the same patient's record on more than one occasion within two or more twenty-four-hour periods.
  - B. The Center is permitted to access (use or disclose) PHI in the following instances:
    - 1. To the individual who is the subject of the PHI;
    - 2. In compliance with consent to carry out treatment, payment, or health care operations;
    - 3. Without consent, if consent is not required and has not been sought;
    - 4. In compliance with valid authorization;
    - 5. In compliance with a research authorization or waiver of authorization for research from the IRB.
    - 6. As required by law
  - C. If there is any question regarding appropriate use and disclosure, then please contact the HIPAA Privacy Officer and/or Security Officer.
- II. Required Disclosures
  - A. The Center is required to disclose PHI in the following instances:
    - 1. To an individual, when requested under and as required by SS164.524 (Access of Individuals to PHI) or SS164.528 (Accounting of Disclosure of PHI) of the HIPAA Regulations;
    - 2. When required by the Privacy Officer or School Dean to investigate or determine compliance with HIPAA requirements.
  - B. If there is any question regarding appropriate use and disclosure, then please contact the HIPAA Privacy Officer and/or Security Officer.
- III. Minimum Necessary
  - When using or disclosing PHI, or when requesting PHI from another covered entity, the Center will make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.
- IV. Sanction Exemptions
  - A. Sanctions will not apply to disclosures by employees, staff, contractors, volunteers, students, or associates who are whistleblowers or crime victims. The Center is not considered to have violated PHI disclosure requirements if the disclosure is by faculty, staff, students, volunteers, and/or associates as follows:
    - 1. Disclosure by Whistleblowers
      - a. The faculty, staff, students, volunteers, and/or associates is acting in good faith on the belief that the Center has engaged in conduct that is unlawful or otherwise violates professional or Center's standards; or,
      - b. That the care, services, and conditions provided by the Center potentially endangers one (or more) Center patients, faculty, staff, students, volunteers, and/or associates or a member of the general public; or,
      - c. The disclosure is made to a federal or state health oversight agency, or public health authority authorized by law to oversee the relevant conduct or conditions

- of the covered entity; or,
- d. The disclosure is made to an appropriate health care accreditation organization for the purpose of reporting the allegation of failure to meet professional standards or misconduct by the Center; or,
  - e. The disclosure is made to an attorney retained by or on behalf of the employee, staff, contractor, volunteers, students, or associates for the purpose of determining legal options regarding disclosure conduct.

2. Disclosure by Crime Victims

A covered entity is not considered to have violated the use and disclosure requirements if a member of its workforce who is the victim of a criminal act discloses PHI to law enforcement official(s) about the suspected perpetrator of the criminal act, and the disclosed PHI is limited to identification and location purposes.

V. Mitigation

Mitigating circumstances include conditions that would support reducing the sanction in the interest of fairness and objectivity. The Center will mitigate, to the extent practicable, any harmful effect that is known to be the result of the use or disclosure of PHI in violation of HIPAA regulations.

VI. Retaliation

The Center will not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against an individual who:

- A. Exercises his rights or participates in the Center complaint process; or
- B. Files a complaint with the Secretary of Health and Human Services; or,
- C. Testifies, assists, or participates in an investigation, compliance review, proceeding, or hearing; or,
- D. Opposes any act or practice unlawful under HIPAA, providing that the individual acted in good faith, believing that the practice was unlawful, the manner of opposition is reasonable, and does not involve disclosure of PHI in violation of HIPAA regulations.

VII. Privacy Violations

Access or use or disclosure of PHI in a manner or by a person not authorized to access, use, or disclose PHI pursuant to HIPAA and/or these policies. The following outlines some, but not all, types of violations and their corresponding sanctions.

A. Class I Offenses and Sanctions

1. Class I Offenses

This level of privacy violation occurs when a person unintentionally or carelessly accesses, reviews, or reveals patient PHI to himself or others without a legitimate need-to-know reason. Examples include, but are not limited to:

- a. Accessing information that you do not need to know to do your job or participate in a course/practicum;
- b. Sharing your UUID or other computer access codes (username and password);
- c. Leaving a computer or other portable electronic device unattended while PHI is accessible on the computer or device;
- d. Sharing PHI with others without authorization;
- e. Leaving a patient's PHI in a public area;
- f. Misdirecting faxes or emails that contain PHI;
- g. Copying PHI without authorization;
- h. Changing PHI without authorization;
- i. Discussing confidential information in a public area or in an area where the public could overhear the conversation;
- j. Discussing confidential information with an unauthorized person; or

- k. Failure to cooperate with the Privacy Officer and/or Security Officer.
2. Class I Sanctions  
May include, but not be limited to:
  - a. Verbal warning;
  - b. Written warning;
  - c. Retraining on HIPAA awareness;
  - d. Retraining on the Center's Privacy Policies and their impact on the faculty, staff, students, volunteers, and/or associates and their roles in the Center;
  - e. Retraining on the proper use of internal forms and HIPAA required forms.
  - f. If student, deduction in professionalism score for Center.
  - g. If volunteer, all volunteer activities may be terminated.
  - h. If associate, request may include that the associate's representatives provide certification that the associate has been retrained on the HIPAA Privacy Rule and the Center's Privacy Policies.

B. Class II Offenses and Sanctions

1. Class II Offenses

This level of privacy violation occurs when a person intentionally accesses or discloses PHI in a manner that is inconsistent with Center policies and procedures, but for reasons unrelated to personal gain. Examples include, but are not limited to:

- a. Looking up birth dates, address, or other contact information for friends or relatives;
- b. Accessing and reviewing PHI of a patient out of curiosity or concern;
- c. Reviewing a public personality's record;
- d. Using another person's computer access codes (e.g., UUID/password)
- e. Assisting another person in gaining unauthorized access to PHI;
- f. Second offense of any Class I offense (does not have to be the same offense).

2. Class II Sanctions

May include, but not be limited to:

- a. Written warning;
- b. Retraining on HIPAA awareness;
- c. Retraining on the Center's Privacy Policies and their impact on the faculty, staff, students, volunteers, and/or associates and their roles in the Center;
- d. Retraining on the proper use of internal forms and HIPAA required forms;
- e. Suspension of faculty, staff, students, volunteers, and/or associates (in reference to suspension period: minimum of 1 day/maximum of 3 days)
- f. Termination of privileges; and/or,
- g. Final grade reduction in student's practicum grade, if applicable (in reference to grade reduction: minimum of 5%, maximum of 10%)
- h. If volunteer, all volunteer activities may be terminated.
- i. If associate, may include the following:
  - The associate's representatives provide certification that the associate has been retrained on HIPAA privacy;
  - A request that the company assign a new representative(s) to conduct its business with the Center and/or the School;
  - And/or suspension of activity with the business associate for a period of time to be determined.

C. Class III Offenses and Sanctions

1. Class III Offenses

This level of privacy violation occurs when a person intentionally accesses, reviews, or discloses PHI for personal gain or with malicious intent. Examples

include, but are not limited to:

- a. Reviewing a patient's record to use information in a personal relationship;
  - b. Unauthorized, intentional disclosure of the PHI of a friend, relative, co-worker, fellow student; public personality, or any other individual;
  - c. Compiling a mailing list for personal use or to be sold;
  - d. Obtaining PHI under false pretenses;
  - e. Third offense of any Class I offense (does not have to be the same offense); or,
  - f. Second offense of any Class II offense (does not have to be the same offense).
2. Class III Sanctions
- May include, but not be limited to:
- a. Termination;
  - b. If business associate, may include the following:
    - Written correspondence regarding the Violation;
    - Request that the company assign a new representative(s) to conduct its business with the Center;
    - Suspension of activity with the business associate for a period of time to be determined;
    - And/or termination of the relationship with the business associate.

## VIII. Violations and Investigation Procedures

It is the duty of each person to report all alleged, apparent or potential violations within no more than twenty-four hours to their direct supervisor and the Privacy Officer for investigation and follow-up.

The Privacy Officer shall notify the Chief Information Officer of the alleged, apparent or potential violation. The Chief Information Officer shall notify the insurance carrier for the Center, if appropriate. In the event that the alleged, apparent or potential violation affects a non-University information system, the Privacy Officer shall notify the Privacy Officer for the entity which owns or manages the affected information system(s).

The supervisor, Privacy Officer and/or Security Officer, if needed Compliance will investigate any report of a violation appropriately and in a confidential manner.

Corrective action for any violations involving Business Associates shall involve the Director of Procurement Services, and shall include a review of the business associate's contract by the legal office.

### A. Class I

1. The Privacy Officer (and/or Security Officer, if applicable) and supervisor will review the allegation.
2. The Privacy Officer (and/or Security Officer, if applicable) and supervisor will schedule a meeting with the alleged to discuss the allegation.
3. The Privacy Officer (and/or Security Officer) and supervisor will make a reasonable effort during the investigation to include interviews of any person who may have knowledge of the event.
4. The Privacy Officer (and/or Security Officer, if applicable) and supervisor will review all information gathered and make a timely decision.
  - a. If the alleged individual(s) was found to be responsible for a Class I violation the Privacy Officer (and/or Security Officer, if applicable) and supervisor will be responsible for initiating the appropriate sanctions.
  - b. If the alleged individual(s) was found to have committed a different violation, then the appropriate steps for that violation will be taken at that time (see below).

- c. If the alleged was found to have no violation, then no further steps will be taken at this time.
  5. The results of the investigation, decisions and any actions taken will be documented and kept in the employee's file and in the HIPAA Incident Log.
  6. The alleged individual(s) may appeal any decision to the HIPAA Compliance Committee (see Appeal process below).
- B. Class II
1. Any report of an alleged, apparent or potential Class II violation shall be brought to the HIPAA Compliance Committee by the supervisor and Privacy Officer. The HIPAA Compliance Committee is made up of:
    - a. Privacy Officer
    - b. Security Officer
    - c. Dean of the School of Communication Sciences and Disorders
    - d. Clinical faculty member of the Center
  2. Delegates from the HIPAA Compliance Committee will schedule a meeting with the alleged individual(s) to discuss the allegation.
  3. The HIPAA Compliance Committee will make a reasonable effort during the investigation to include interviews of any person who may have knowledge of the event or familiarity with circumstances or scenario involved.
  4. The HIPAA Compliance Committee will review all information gathered and make a decision within ten (10) business days.
    - a. If the alleged individual(s) was found to be responsible for a Class II violation, the HIPAA Compliance Committee will be responsible for initiating the appropriate sanctions.
    - b. If the alleged individual(s) was found to have committed a different violation, then the appropriate steps for that violation will be taken at that time (see below).
    - c. If the alleged individual(s) was found to have committed no violation, then no further steps will be taken at this time.
  5. The results of the investigation, decisions and any actions taken will be documented and kept in the employee file and in the HIPAA Incident Log.
  6. The alleged may appeal any decision (see Appeal process below).
- C. Class III
1. Any report of an alleged, apparent or potential Class II violation shall be brought to the HIPAA Compliance Committee by the supervisor and Privacy Officer. The HIPAA Compliance Committee includes the:
    - a. Privacy Officer
    - b. Security Officer
    - c. Dean of the School of Communication Sciences and Disorders, as needed
    - d. At least one Clinical faculty member of the Center
  2. Delegates from the HIPAA Compliance Committee, a representative from the legal office and the Dean of the School of Communication Sciences and Disorders ("the School"), if applicable, will schedule a meeting with the alleged individual(s) to discuss the allegation.
  3. The HIPAA Compliance Committee, a representative from the legal office and the Dean of the School, if applicable, will make a reasonable effort during the investigation to include interviews of any person who may have knowledge of the event.
  4. The HIPAA Compliance Committee, a representative from the legal office and the Dean of the School, if applicable, will review all information gathered and make a decision within ten (10) business days.

- a. If the alleged individual(s) was found to be responsible for a Class III violation the HIPAA Compliance Committee, a representative from the legal office and in the Dean of the School, if applicable, will be responsible for initiating the appropriate sanctions.
  - b. If the alleged individual(s) was found to have committed a different violation, then the appropriate steps for that violation will be taken at that time (see below).
  - c. If the alleged individual(s) was found to have committed no violation, then no further steps will be taken at this time.
5. The results of the investigation, decisions and any actions taken will be documented and kept in the employee's file and in the HIPAA Incident Log.
6. The alleged may appeal any decision (see Appeal process below).

#### D. Appeals Process

##### 1. Class I Violation

If the alleged individual(s) disagrees with the Privacy Officer and their supervisor's determination and sanctions, they may appeal to the HIPAA Compliance Committee for further review within five (5) days of the initial decision. The HIPAA Compliance Committee will review all investigative materials within ten (10) business days of receiving the Appeal. The Committee will then arrive at a final decision and share it with the alleged individual(s).

##### 2. Class II Violation

If the alleged individual(s) disagrees with the HIPAA Compliance Committee's determination and sanctions, they may appeal to the Director of Graduate Studies in the School and the Dean of the School for further review within five (5) days following the initial decision. The Director of Graduate Studies in the School and the Dean of the School will review all investigative materials within ten (10) business days of receiving the Appeal. At the end of the ten (10) business days, the Director of Graduate Studies in SCSD and the Dean of the School will then arrive at a final decision and share it with the alleged individual(s).

##### 3. Class III Violation

If the alleged individual(s) disagrees with final decision of the HIPAA Compliance Committee, legal representative, the Director of Graduate Studies in the School and the Dean of the School, they may appeal to the applicable department, either the Graduate School or Human Resources, for further review within five (5) days following the initial decision. The Graduate School or Human Resources will review all investigative materials within ten (10) business days of receiving the Appeal. At the end of the ten (10) business days, the Graduate School or Human Resources will then arrive at a final decision and share it with the alleged individual(s) and the HIPAA Compliance Committee.

### IX. Determination of Breach

- A. It is the duty of the Privacy Officer and/or Security Officer to review all the information gathered during the investigation of each alleged, apparent, or potential privacy or security violation and reach a conclusion as to whether a privacy or security violation occurred. If such a violation did occur, then the Privacy Officer and/or Security Officer has the obligation to follow the guidance in the Breach Reporting Policy to determine whether the privacy or security violation rose to the level of a breach. If a breach did occur, the Privacy Officer and/or Security Officer has the duty to report the breach pursuant to the Breach Reporting Policy. If the Privacy Officer and/or Security Officer determines that the privacy or security violation did not rise to the level of a breach,

they shall document such conclusion, along with the reasons they reached such conclusion. Such documentation shall be maintained for no less than six (6) years.

#### 4.1. Privacy & Security Incident Reporting and Response

Effective Date	08/25/2020
Supersedes Date	01/11/2015
Review Date	August 2021

#### POLICY

The Center is committed to implementing policies and procedures to address any privacy or security incidents that may occur.

#### PURPOSE

The Center is committed to protecting the confidentiality; integrity and availability of all Protected Health Information (PHI) by implementing policies and procedures to identify and respond to suspected or known privacy and/or security incidents; mitigate, to the extent possible, harmful effects of security incidents that are known; and document these privacy and/or security incidents and their outcomes.

#### PROCEDURES

- A. Incident
  1. Security Incident  
The attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.
  2. Privacy Incident  
Any acquisition, access, use or disclosure of protected health information in a manner not permitted by the HIPAA Privacy Rule.
- B. Workforce Members
  1. It is the responsibility of all workforce members to report any privacy and/or security incidents, threats, or violations, or suspected privacy and/or security incidents, threats, or violations, to the HIPAA Security and/or Privacy Officers as soon as the incident or suspected incident is discovered.
  2. All workforce members will be trained and informed how to report any suspected or known security and/or privacy incidents using the Center's Incident Reporting Form.
- C. Reporting
  1. Suspected or known security incidents involving EPHI must be reported to the HIPAA Security Officer
  2. Suspected or known privacy incidents involving any patient information must be reported to the HIPAA Privacy Officer.
  3. If the corresponding HIPAA Officer is unavailable, the other HIPAA Officer is contacted.
- D. Investigation of Incidents
  1. It is the responsibility of the HIPAA Security and/or Privacy Officer to notify the HIPAA Compliance Committee of any incidents or suspected incidents that have been reported or of which the Security/Privacy Officer is otherwise aware.
    - a. As needed, the HIPAA Compliance Committee will be responsible for reviewing any investigations and mitigations for any identified or suspected incidents.
    - b. The HIPAA Compliance Committee, if appropriate, will review to ensure all policies and procedures were followed.
- E. Breach Determination

1. The Breach Determination Policy and tools will be utilized to determine if a breach occurred.
2. If a breach occurred, the Breach Notification Policy will be followed to notify those affected.
3. Documentation of the breach determination and, if appropriate, the breach notification will be maintained for a period of six (6) years.

#### 4.2. Mitigation for privacy and security incidents

Effective Date	08/25/2020
Supersedes Date	01/11/2015
Review Date	August 2021

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#### PROCEDURES

- A. The harmful effects of known privacy and security incidents will be mitigated, by following the reporting procedures for notifying the HIPAA Security Officer and/or Privacy Officer, as soon as known so that appropriate action may be taken.
- B. The HIPAA Security Officer will be notified of viruses and other malicious software that may cause threats to EPHI.
- C. The HIPAA Security Officer and/or designee will ensure that appropriate measures are implemented to mitigate the harmful effects of such security threats based on these notifications. These measures will include:
  - 1. Respond to all privacy and/or security incidents or suspected incidents promptly;
  - 2. Notify the University's IT Services Division;
  - 3. Identify affected critical systems, policies or procedures;
  - 4. Assess damage and scope of the incident
  - 5. Control and contain the breach/intrusion, if applicable;
  - 6. Collect and document all evidence relating to the incident;
  - 7. Contact additional support members as necessary for investigation of a given incident;
  - 8. As needed, confer with legal counsel to determine appropriate course of action regarding notification, if appropriate, contact law enforcement, etc.;
  - 9. Initiate covered entity breach notification process, if appropriate;
  - 10. Implement new or strengthen existing privacy and security controls to prevent a future incident of this nature with the HIPAA Compliance Committee;
  - 11. Document the investigation, mitigation and future prevention activities.

#### 4.3. Breach Notification Policy

Effective Date	08/25/2020
Supersedes Date	01/11/2015
Review Date	August 2021

1. It is the responsibility of the HIPAA Security and/or Privacy Officer to initiate appropriate covered entity notification procedures, if deemed appropriate. This includes notifying the University's IT Services Division so that the cyber liability insurance carrier can be notified, as appropriate.
2. Breach notification will not occur until legal counsel has reviewed the incident to determine if notification is appropriate.
3. Notification will be made to affected individuals within 60 days of the Center becoming aware of the incident.
  - a. Written notification via first-class mail to the patient (if patient is deceased to the next of kin);
  - b. If affected individuals cannot be reached via mail, then substitute notice may be used.
  - c. If the Center does not have sufficient contact information for 10 or more affected individuals, then notice of the breach will be posted on the home page of the Center's website for a period of 90 days or alternatively, conspicuous notice in major print or broadcast media in the geographic areas where the affected individuals likely reside will be broadcast for a period of 90 days. Additionally, the substitute notices will include a toll-free number which will remain active for at least 90 days where individuals can learn whether their unsecured PHI may have been included in the breach.
  - d. If notification needs to be provided sooner due to urgency of situation, then the phone may be appropriate. However, first class mail notification will still be sent.
  - e. If the breach involves more than 500 residents of a State or jurisdiction, the Center shall notify prominent media outlets serving the State or jurisdiction. The notification will include the same information as is being provided to the affected individuals. The notification is required within 60 days of the discovery of the breach.
  - f. The Privacy Officer and/or Security Officer for the Center, following consultation with legal counsel, is responsible for notifying the Office for Civil Rights ("OCR") about the breach via OCR's designated electronic reporting method.
  - g. If the breach involves fewer than 500 individuals, then OCR will be notified of the breach via OCR's designated electronic reporting method no later than 60 days following the end of the calendar year in which the breach was discovered.
4. Notification to the affected individuals will be in plain language and include:
  - a. Brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known;
  - b. Description of the types of unsecured PHI that were involved in the breach, such as whether full name, social security number, date of birth, diagnosis, or other types of information were involved;
  - c. Steps individuals should take to protect themselves from potential harm resulting from the breach;
  - d. Brief description of what the Center is doing to investigate the breach, mitigate harm to individuals, and to protect against any further breaches;
  - e. Contact procedures for individuals to ask questions or learn additional information, which shall include a toll-free number, an email address, website or mailing address.

5. Notification may be delayed if law enforcement is notified and law enforcement requests a delay in notification to assist with the investigation process. Such a request by law enforcement is documented.
6. Business associates who are aware of a breach must notify the Center within 48 hours following the discovery of the incident by the business associate, per Center's standard business associate agreement.

#### 4.4. Determination of Breach of Unsecured Protected Health Information

Effective Date	08/25/2020
Supersedes Date	01/11/2015
Review Date	August 2021

##### I. Definitions

- A. Unsecured Protected Health Information (“PHI”) means PHI that is not rendered unusable, unreadable, or indecipherable to unauthorized persons through the use of a technology or methodology specified by the Secretary of Health and Human Services via published guidance.
- B. Breach means the acquisition, access, use or disclosure of protected health information (“PHI”) in a manner not permitted by the HIPAA Privacy Rule which compromises the security or privacy of the PHI.
- C. Breach excludes:
1. Any unintentional acquisition, access, or use of PHI by a workforce member or person acting under the authority of a covered entity or a business associate, if such acquisition, access, or use was made in good faith and within the scope of authority and does not result in further use or disclosure in a manner not permitted under the HIPAA Privacy Rule.
  2. Any inadvertent disclosure by a person who is authorized to access PHI at a covered entity or business associate to another person authorized to access PHI at the same covered entity or business associate, or organized health care arrangement in which the covered entity participates, and the information received as a result of such disclosure is not further used or disclosed in a manner not permitted under the HIPAA Privacy Rule.
  3. A disclosure of PHI where a covered entity or business associate has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information.

##### II. Process

- A. An acquisition, access, use or disclosure of PHI in a manner not permitted by the HIPAA Privacy Rule is presumed to be a breach unless the covered entity or business associate, as applicable, demonstrates that there is a low probability that the PHI has been compromised, based on a risk assessment of at least the following factors:
1. The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
  2. The unauthorized person who used the protected health information or to whom the disclosure was made;
  3. Whether the protected health information was actually acquired or viewed; and
  4. The extent to which the risk to the protected health information has been mitigated.

B. All reported privacy and security incidents are documented and analyzed according to the above criteria. The Privacy Officer and/or Security Officer may consult with each other, as well as the members of the HIPAA Compliance Committee, University legal counsel, University Information Technology Services, any other University or outside resources retained to assist with the matter in reaching a decision as to whether a privacy or security incident meets the criteria for a breach.

C. If it is determined that a breach has occurred, the Breach Notification Policy is followed.

D. If the findings of the investigation indicate no breach has occurred, the documentation will reflect the reasons as to why no breach was found. The investigation and findings will follow all regular documentation procedures and will be maintained for six years.

E. Violations

Any workforce member found to have inappropriately accessed, used, or disclosed PHI is subject to disciplinary action per the Sanctions Policy.

## 5. Safeguards for Protected Health Information

Effective Date	08/25/2020
Supersedes Date	01/01/2016, 07/01/2018
Review Date	August 2021

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### POLICY

The Memphis Speech and Hearing Center will implement appropriate administrative, technical, and physical safeguards, which will reasonably safeguard protected health information (PHI) from any intentional or unintentional use or disclosure that is in violation of the HIPAA or confidentiality regulations. Members of the School workforce must reasonably safeguard PHI to limit incidental uses or disclosures.

Client/patient information will be maintained, stored and transmitted in a confidential manner which conforms to the Health Information Portability and Accountability Act of 1996 and the HITECH Act of 2009 regulations.

Client/patients seen at the Memphis Speech & Hearing Center have a right to privacy regarding Protected Health Information (PHI). Good Center practices, as well as federal regulations, ensure that privacy is maintained. Both individuals and organizations can be subject to fines and in some cases imprisonment for violation of privacy regulations.

### PROCEDURES:

#### I. Administrative Safeguards

##### A. Oral Communications

The Center workforce must avoid unnecessary disclosures of PHI through oral communications. The following safeguards should be implemented to avoid unauthorized disclosure of PHI:

1. Conversations in public areas should be avoided, unless necessary for client/patient care, research, or teaching purposes. Voices should be kept at a low loudness level. The speaker should be aware of unauthorized listeners.
2. Members of the workforce may not discuss confidential client/patient information with parents or family in the Center waiting area, if others are present. Client/patients or parents/families should be taken to a Center treatment room or private area when discussing confidential information.
3. Client/patients will not be discussed outside of clinical interactions within the Center area (i.e. bathroom, elevator, bus, anywhere else on campus or off-campus).
4. Students may not discuss confidential client/patient information with anyone other than supervisors unless permission is specified on the form *General Consent form and Release of Information form*.
5. The client/patient's initials, rather than the client/patient's name, will be used when Center cases are discussed in classrooms for teaching purposes.
6. Telephone conversations should be conducted away from public areas, if possible.
7. Speakerphones should only be used in secure locations when discussing client/patient information.

##### B. Telephone Messages

Telephone messages and client/patient appointment reminders may be left on

answering machines and voice mail systems, unless the client/patient has requested an alternative means of communication (check the release form in the client/patient's master file to determine who has permission to speak on behalf of the client/patient). The amount of PHI that is disclosed in a telephone message should be limited to information necessary to identify the client/patient and appointment time. Telephone message should not link a client/patient's name to a particular medical condition or reveal any evaluation or treatment information.

C. Sign-in Sheets

Sign-in sheets used in the client/patient waiting area may contain only the name of the client/patient and time of arrival. Information that links a client/patient to the medical reason for his or her visit may not be stated on the sign-in sheet.

II. Records Processing

A. Paper Records

Client/patient paper records must be stored or filed in a manner that avoids access by unauthorized persons.

1. Client/patient records should be stored in the client/patient record file cabinets in the Center File Room (CHB 1004B) when not in use by the diagnostic or treatment team or business office personnel.
2. Students may access specific client/patient files only when involved in the case and approved by the case supervisor.
3. If a client/patient file needs to be transported out of the Center to any other space within the building, it must be put in a brown manila envelope during transportation and should be secured in a locked file cabinet when not in use.
4. Client/patient records should not be removed from the file room unless necessary to provide care or treatment to a client/patient or required by law.
5. When needed for diagnostic preparation or processing of Center reports, files should be checked out by the student to the student and the case supervisor. Students will complete the checkout card and will follow all checkout procedures when using a client/patient's file. The client/patient file number, case supervisor's name, and student's name should be stated on the checkout card when removing a client/patient record.
6. Only diagnostic client/patient records can be removed from the file room. Client/patient records should be returned to the Center File Room or Center Office immediately following review. Files for therapy client/patients are to be reviewed in the file room and not removed by a student.
7. Diagnostic forms and test protocols must be secured according to applicable MSHC or MLH procedures for health information management.
8. Students may not photocopy documentation from a client/patient's file unless specifically directed by a supervisor and all PHI must be removed from the photocopy.
9. Client/patient paper records in use and left on desks or tables must be placed face down or concealed to avoid access by unauthorized persons.
10. Work in progress will be kept in the locked cabinets in student HIPAA room.
11. Therapy working folders are to be labeled with the student's name, the supervisor's initials day, and time of session (e.g., S. Jones/SAR, T/Th 1:00). Folders are kept in the file cabinet designated for therapy in the student rooms and filed behind the case supervisor's name. All documentation contained in working files must have all PHI removed (be de-identified).
12. All written communication including rough drafts of reports, letters and Center

- notes should be carefully monitored to prevent accidental disclosure of patient information.
13. Any time a report/letter or note is printed it should be promptly removed from the printer and appropriately filed, mailed, or shredded.
  14. Any written information that is electronically faxed should have an approved cover sheet indicating that the information is confidential to the recipient and that if the fax has reached an improper recipient that it should be destroyed and that the Center should be contacted (see Policy 2.13 in this Manual regarding faxing of Protected Health Information.)
  15. No PHI regarding a client/patient may be taken off site either by electronic means or on paper. If a report is written off site all PHI must be de-identified and only placed in the report once onsite.
  16. Students or faculty must never work on a report in a public place or where individuals not associated with the case may view the report.
  17. The theft or loss of any paper client/patient record should be reported to the Privacy Official so that mitigation options can be considered. Loss must be recorded on Incident Violations Log
- B. Video or Audio Recordings
1. Students may not view or listen to any audio or video recordings of client/patient sessions in the presence of anyone who is not a part of the treatment or diagnostic team. Students must view or listen to client/patient recordings only on campus unless specifically approved by the case supervisor. Students are to make DVDs of their sessions only when given permission by Center faculty. DVDs may not be viewed outside the Center by students/Center employees. They may be kept in the clinical faculty member's office and the student may request the DVD to view using equipment stored in the School. All DVDs must be returned to clinical faculty member after viewing.
  2. Video recording with personal phone or iPad is prohibited.
  3. Video recordings with MSHC iPads are to be immediately given to the case supervisor until footage can be logged and stored in safe manner.
- C. Mail
- All protected health information that is mailed, either through campus mail within the University or outside of the University, should be placed in sealed envelopes. Appointment reminders may be mailed to a client/patient, unless the client/patient has requested an alternative means of communication.
- D. Copying
- Photocopying of PHI should be completed only when necessary for treatment, payment, or healthcare operations, when authorized by the client/patient or legal representative, or when required by law.
- E. Fax Communication
- See *Faxing of Protected Health Information* (Policy 2.13) for the policy and procedures regarding faxing PHI.
- D. Destruction Standards
- Protected health information must be discarded in a manner that protects the confidentiality of such information. All paper records containing PHI should be shredded. Magnetic media containing protected health information should be overwritten or reformatted in accordance with the Security Policy.

### III. Physical Safeguards

#### A. Visitors and Client/patients

- Visitors and client/patients must be appropriately monitored when in the Center where protected health information is located to prevent unauthorized access to PHI. Persons who are not part of the School's workforce should not be in areas where client/patients are treated or where PHI is stored without appropriate supervision.
- B. Observations of Center sessions must not allow unauthorized disclosure of PHI.
    - 1. Students may observe Center sessions for clinical training purposes and must follow procedures as stated by their respective Center Director. Observations are confidential, and information may not be discussed with others who are not part of the client/patient's treatment or diagnostic team.
    - 2. A parent, guardian, legal representative, or family member may observe a session relating only to the parent's child or family member who is receiving services.
  - C. Computer Workstations
    - 1. Computers that contain PHI must be located in secure areas, which are not accessible to the public or client/patients, so that unauthorized access to information is minimized or eliminated.
    - 2. Computer workstations are located in CHB 2015 for access to client/patient database.
    - 3. Screens on unattended computers must be returned to the main menu or to a password protected screen saver. **Students must log off the system at any time when leaving the computer in the computer lab.**
    - 4. In case of emergency evacuation (such as fire alarm) users should log off all programs containing PHI. If this is not possible, the password protected screen saver will automatically go into effect.
  - D. Keys/ID Badges
    - 1. Keys to areas containing PHI and/or ID badges with access will be issued to members of the workforce who are involved in the health care of the client/patients. Keys will be checked out to these individuals and returned upon termination of employment.
    - 2. The file room is available to students during working hours.

#### IV. Technical Safeguards

- A. Electronic Files
  - 1. Electronic files containing PHI are restricted in access to those members of the workforce who have a need to access it in performing their job or training responsibilities.
  - 2. clinical Documentation Drafts
    - a. Students must create all progress notes and report drafts and final documents within the electronic documentation environment (i.e., designated shared folder on the HIPAA Drive or other electronic clinical documentation program). Computers in the computer lab are equipped with these programs.
    - b. **No files may be saved to any hard drive.**
    - c. Lesson plans may be created outside the protected electronic environments, but all lesson plans must be de-identified.
  - 3. Electronic file management
    - a. Electronic storage of client/patient information and reports is not permitted on any media outside of the SCSD secured server (i.e., scandisks, Dropbox, Typhon, etc.). It is important to note that erasing a file does not remove the data from the disk. Only complete formatting of the disk will remove the data.
    - b. Documents may only be stored on the SCSD secured HIPAA server and in a folder that is only accessible to the student and faculty member.

- c. If the student requires a hard copy of a report for any purpose, they need to obtain the clinical faculty member's approval and must show the clinical instructor that they have removed or marked out all identifying information. The student will sign a statement on his or her evaluation form indicating that the above procedures were followed with any DVDs, audio recordings, or paper documents.
- d. Client/patient reports are mailed or faxed and not transmitted via e-mail. E-mail may be used only when a client/patient specifically grants consent to do so.
- e. Passwords must not be revealed to other individuals, other than the Privacy Officer, or left on or near the computer workstation. The case supervisor will instruct his/her students how to assign a password.
- f. E-Mail

E-mail is subject to interception by outside individuals and is not afforded the same privacy protection as standard mail. Therefore, e-mailing of any client/patient information is prohibited unless a client/patient has consented to this type of communication.
- g. Portfolios

If an individual wishes to archive a report to serve as an example in a portfolio, all PHI must be de-identified while it is on the SCSD server and then copied to another location. The HIPAA Privacy Officer must confirm the removal of all PHI and the name of the case supervisor.

## 5.1. Information System Activity Review Policy and Procedures

Effective Date	08/25/2020
Supersedes Date	01/11/2015
Review Date	August 2021

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### POLICY

Memphis Speech and Hearing Center (MSHC) regularly reviews records of activities on information systems managed by MSHC containing Electronic Protected Health Information (EPHI). Appropriate hardware, software, or procedural auditing mechanisms are implemented on information systems that contain or use EPHI. Records of activity created by audit mechanisms implemented on MSHC information systems are reviewed regularly. MSHC also uses the Cerner Electronic Medical Record through its partnership with Methodist Le Bonheur Health System. Methodist Le Bonheur is responsible for auditing activities involving the Cerner system.

### PURPOSE

This policy reflects MSHC's commitment to comply with the HIPAA Security Rule.

MSHC regularly reviews records of activity on information systems managed by MSHC containing Electronic Protected Health Information (EPHI). The purpose of the review is to allow MSHC to determine if any EPHI is used or disclosed in an inappropriate manner and to discourage, prevent and detect any security violations.

### PROCEDURES

#### I. Review of Records

##### A. Person responsible for Review of Records

The SCSD and MSHC Security Officer is responsible for overseeing compliance with audit/review procedures of University information systems containing PHI of SCSD and MSHC, although the actual review may be conducted by a member of the University's Information Technology Services' team or other designee. The Security Officer will develop criteria for use in reporting from the EPHI databases aimed at identifying systems that deviate from HIPAA requirements. The Security Officer will work with system owners and administrators to ensure that compliance is achieved. In particular, the Security Officer will examine procedures for review of system logs. The Security Officer will promptly respond to any security incidents and will follow-up to assure appropriate compliance with these policies and applicable regulations for any EPHI containing systems involved with security incidents.

##### B. Records Activity

1. The Security Officer or designee assigned by the Security Officer periodically will review records of activity on information systems containing EPHI  
Records of activity may include, but are not limited to:
  - a. Audit logs
  - b. Access reports
  - c. Security incident tracking reports
- C. The level and type of auditing mechanisms to be used will be determined by MSHC's Security Officer.

D. Review of systems will occur in conjunction with any audits or in response to any security incidents. This will be completed in a formal documented process. Any review of information systems records is maintained for a six-year period via paper or electronic copies.

E. SCSD and MSHC workforce members will not monitor or review activity related to their own user account.

II. Systems EPHI Inventory

Each system containing EPHI will be identified according to the following criteria:

A. High Data Criticality

The activity in systems whose data profile shall be reviewed every ninety (90) days, such as the billing and scheduling software (system containing treatment, payment or financial information).

B. Medium Data Criticality

The activity in systems whose data profile shall be reviewed every six (6) months, such as any research databases or other healthcare operations not related to treatment or billing.

C. Low Data Criticality

The activity in systems whose data profiles shall be reviewed annually, these systems are considered to secondary systems used for EPHI, such as the internal HIPAA drive.

D. The activity review process shall include an audit of system activity logs and reports at a level commensurate with a particular system's profiled data criticality category. This process may include:

1. Full review
2. Spot check or sampling
3. Review of user privileges
4. Review of user access logs
5. Review of user systems activity logs
6. User level transaction logs

## 5.2. Assigned Security Responsibility

Effective Date	08/25/2020
Supersedes Date	01/11/2015, 07/01/2018
Review Date	August 2021

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### PURPOSE

To comply with the HIPAA Security Rule and document the roles and responsibilities of the HIPAA Security Officer who is responsible for developing and monitoring practices to ensure that the Center's health information is secure from unauthorized access, protected from inappropriate alterations, physically secure, and available to authorized users in a timely fashion. The Security Officer, in conjunction with the Privacy Officer, is responsible for the oversight and management of all activities related to the development, implementation, maintenance and compliance of the policies, procedures and standards governing the privacy, confidentiality, and security of all individually identifiable health information in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Department of Health and Human Services (DHHS) regulations implementing HIPAA, particularly the HIPAA Privacy Rule and the Security Rule, and other state and federal laws, professional ethics, and accreditation standards protecting the confidentiality and privacy of individuals and their health and other information, such as financial information.

### PROCEDURE

The job description of the HIPAA Security Officer is provided in Appendix B.

### 5.3. Appropriate Authorization to Access PHI

Effective Date	08/25/2020
Supersedes Date	01/11/2015, 07/01/2018
Review Date	August 2021

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#### POLICY

The School of Communication Sciences and Disorders (SCSD) and Memphis Speech and Hearing Center (MSHC), collectively referred to hereafter as “the Center,” is committed to implementing procedures for the authorization and/or supervision of workforce members who work with Electronic Protected Health Information (EPHI) or in locations where it might be accessed.

#### PURPOSE

SCSD and MSHC will implement reasonable and appropriate steps to ensure that workforce members (faculty, staff, students, volunteers and/or agents) who have the ability to access EPHI or work in areas where EPHI might be accessed will be properly authorized and/or supervised.

#### PROCEDURE

- I. The Center is committed to taking reasonable and appropriate steps to ensure faculty, staff, students, volunteers and/or agents have the appropriate authorization to access EPHI and/or are supervised when they do so. Access will be granted using a policy of role-based access to determine appropriate levels of access for each group. Based on an individual’s role, access will be granted that allows the individual to fulfill their duties without granting access that is not needed for those duties.
  - A. The Center’s Security Officer and Privacy Officer will establish a process for granting authorization and access to EPHI.
    1. Since most clinical information is currently stored in the Cerner EMR maintained by Methodist Le Bonheur Healthcare, a form requesting access to the Cerner system by a faculty member or student is completed and submitted by the Center to Methodist Le Bonheur. Following review and approval by Methodist Le Bonheur, the Center is notified of the granting of access.
    2. The Center’s Security Officer and/or Privacy Officer reviews access on a periodic basis to ensure access privileges are up-to-date.
  - B. Third Party Access to EPHI
    1. Before third-party persons are granted access to SCSD and MSHC information systems containing EPHI or locations where EPHI can be accessed, a risk analysis must be performed and include:
      - a. Type of access required,
      - b. Sensitivity of the EPHI on the information system,
      - c. Security controls on the information system, and
      - d. Security controls used by the third party.

2. Access by third-party persons to the Center's information systems containing EPHI is allowed only after appropriate security controls have been implemented and an agreement has been signed defining the terms for access. These terms shall include:
  - a. The security processes and controls necessary to ensure compliance with the Center's privacy and security policies,
  - b. Restrictions regarding the use and disclosure of the Center's data, and
  - c. The Center's right to monitor and revoke third party's access.
3. If the third party meets the definition of a business associate, a Business Associate Agreement will be signed with the third party.

## 5.4. Workforce Clearance Procedure

Effective Date	08/25/2020
Supersedes Date	01/11/2015
Review Date	August 2021

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### POLICY

The Center is committed to implementing procedures to determine that the access of a workforce member to Electronic Protected Health Information (EPHI) is appropriate.

### PURPOSE

The Center is committed to protecting the confidentiality, integrity and availability of Electronic Protected Health Information (EPHI) by implementing reasonable and appropriate safeguards to prevent unauthorized access to EPHI while ensuring that properly authorized workforce members' access to EPHI is permitted.

### PROCEDURE

#### I. Operational Requirements

- A. Only properly authorized workforce members (faculty/staff/students/volunteers and/or agents) are granted access to EPHI Systems. Workforce members who attempt to gain access to any EPHI that they are not properly authorized to access will be subject to the Sanctions Policy. All workforce members are trained on proper and appropriate use of access rights by completing the Center's HIPAA Privacy and Security training.
- B. SCSD and MSHC workforce members shall be screened, as appropriate, during the hiring process as set forth by the University of Memphis Human Resources procedures, the SCSD School Handbook, and the Center's HIPAA Handbook.  
This may include:
  1. Confirmation of academic and professional experience and qualifications
  2. Professional license validation
  3. Credit check
  4. Criminal background check
- C. The Center's workforce members who access EPHI will sign confidentiality agreements in which they agree not to access EPHI for which they have not been authorized to do so or disclose EPHI or other confidential information to unauthorized persons. The Security Officer and Privacy Officer will develop a system for retaining such signed agreements.
- D. A process for terminating access to EPHI when employment of a workforce member ends, upon a student's graduation or when access is no longer appropriate is defined under the Workforce Security Termination Procedures.

#### II. Authorization and/or Supervision

The Center will implement reasonable and appropriate steps to ensure that workforce members who have the ability to access EPHI or work in areas where EPHI might be accessed will be properly authorized to do and/or supervised

## 5.5. Terminations Procedures

Effective Date	08/25/2020
Supersedes Date	01/11/2015
Review Date	August 2021

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### POLICY

The Center is committed to implementing procedures for terminating access to Electronic Protected Health Information (EPHI) when the workforce member is no longer affiliated with the Center.

### PURPOSE

The Center is committed to protecting the confidentiality, integrity and availability of Electronic Protected Health Information (EPHI) by creating a formal and documented process for terminating a workforce member's access to EPHI when they are no longer affiliated with the Center.

### PROCEDURE

#### I. Application of Policy

Any workforce member (faculty/staff/student/volunteer and/or agent) who is no longer affiliated with the Center will have their information system privileges be disabled and removed promptly following the end of their affiliation.

#### II. Operational Requirements

- A. If a workforce member provides notice of their intention to leave the Center, their immediate supervisor or advisor will notify the Center's Security Officer to ensure proper termination of access and timing of the removal of that access to all information systems, including those with EPHI.
- B. When a workforce member is no longer affiliated with the Center, their information systems privileges must be disabled or removed promptly following their departure.
- C. All workforce members who have had **60** or more days of access inactivity, will have their information systems privileges be automatically disabled.
- D. All equipment (PC's, PDA's, laptops, iPads, keys, fobs, etc.) supplied by the Center must be collected from the departing personnel at the time of their departure.
  1. The return of all such equipment should be documented.
  2. Any passwords or keys entered by a departing workforce member on any such equipment will be deactivated at the time of their departure (i.e. a pin code to use a specific piece of equipment).
  3. Swipe badges are shredded
- E. Workforce members who depart from the Center cannot retain, give away or remove any information belonging to the Center. Any of this information should be given to the departing workforce member's direct supervisor.
  1. This does not apply to information that is provided to the public.
  2. This does not apply to information regarding to their employment.
  3. For students, applicable Family Educational Rights and Privacy Acts (FERPA) laws should be reviewed.

- F. Special attention will be paid to situations where a workforce member is terminated, removed from the program, or otherwise may pose a risk to information and/or EPHI.
  - 1. The HIPAA Security Officer and/or their designee must review all information systems to ensure no confidential information has been transferred or disposed of in any manner.
  - 2. The HIPAA Security Officer and/or their designee removes or disables a workforce member's information system privileges at the time they are notified of the termination or removal from the program.
- G. The HIPAA Security Officer and/or their designee will periodically review information system access privileges to ensure all policies and procedures are being followed.
- H. The following information regarding a workforce member's termination of access is maintained centrally by the University's Department of Human Resources and the University's IT Services Division for a period of at least six (6) years:
  - 1. The notice of the workforce member's actual departure (date and time).
  - 2. Date of the workforce member's planned departure.
  - 3. Description of the access that is to be terminated.
  - 4. Date and time of the actions taken to terminate the access and by whom.

## 5.6. Isolating Health Care Clearinghouse Functions

Effective Date	08/25/2020
Supersedes Date	01/11/2015
Review Date	August 2021

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The Center is not considered a Health Care Clearinghouse.

## 5.7. Access Authorization

Effective Date	08/25/2020
Supersedes Date	01/11/2015, 07/01/2018
Review Date	August 2021

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### POLICY

The Center is committed to preventing unauthorized access to Electronic Protected Health Information (EPHI) through access to a workstation, transaction, program, process, or other mechanism.

### PURPOSE

The Center is committed to protecting the confidentiality, integrity and availability of EPHI by implementing policies and procedures for granting access to EPHI.

It is the Security Officer's responsibility for monitoring and enforcing this policy.

### PROCEDURE

#### I. Operational Guidelines

##### A. Limited access to minimize risk

1. Security officer will ensure proper workforce security policies and procedures are in place.
2. Only those workforce members who need to have access to EPHI will have access to EPHI.
3. Access will be limited to only giving workforce members access to the information they need to know to complete their duties and responsibilities.
4. Access is based on workforce members' roles.

##### B. Privileges for individuals to access EPHI

1. Security Officer will document and maintain access authorization records.
2. Security Officer, Privacy Officer and/or workforce members' direct supervisor will document authorization for access and level of access based on the workforce member's documented role.
3. Any non-workforce member accessing the computer for maintenance or hardware installation will be documented and will sign a confidentiality agreement.

#### II. Workforce Members

Workforce members are considered to be any faculty, staff, students, volunteers and/or agents who are an EPHI system user. Workforce members must abide by all policies and procedures as related to access authorization and privacy.

## 5.8. Access Establishment and Modification

Effective Date	08/25/2020
Supersedes Date	01/11/2015
Review Date	August 2021

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### POLICY

The Center is committed to implementing policies and procedures, in coordination with access authorization policies, to document, review and modify a workforce members' right of access to a workstation, transaction, program, or process.

It is the Security Officer's responsibility for monitoring and enforcing this policy.

### PURPOSE

The Center is committed to protecting the confidentiality, integrity and availability of EPHI by implementing policies and procedures for granting access to EPHI

### PROCEDURE

#### I. Operational Guidelines

- A. Center workforce members who wish to have access to any EPHI system must have a legitimate reason to access EPHI systems in order to complete their duties and responsibilities.
- B. The request is submitted by workforce member, faculty member, or students with faculty member approval.
- C. Determining access  
Access will be granted based upon accepted standards, unless additional approvals are obtained.

#### II. Documentation

All access authorization requests and documentation will be maintained for a period of at least six years in an appropriate location and manner.

- Access requests for Cerner (submitted via spreadsheet) are maintained by the Center on its internal drive.
- Folder access requests for students to access the internal drive are handled by University ITS, based on requests originating from clinical faculty.

#### III. Modification of Access

Whenever a workforce member changes roles, the access of that workforce member will be reviewed by the Security and/or Privacy Officer and the workforce member's new supervisor to determine the appropriate modifications to access, based on the workforce member's new job responsibilities. The workforce member's access will be modified accordingly.

## 5.9. Security Awareness and Training

Effective Date	08/25/2020
Supersedes Date	01/11/2015
Review Date	August 2021

### POLICY

The Center is committed to implementing a security and awareness training program for all members of its workforce (administrators, faculty, staff, students, volunteers and/or agents).

### PURPOSE

The Center is committed to protecting the confidentiality; integrity and availability of Electronic Protected Health Information (EPHI) by implementing policies and procedures for ensuring all workforce members have appropriate security training. In addition, periodic re-training will be completed whenever an environmental or operational change may affect the security of EPHI.

It is the Security Officer's responsibility for monitoring and enforcing this policy.

### TRAINING

1. All workforce members will be trained regarding their role in protecting systems containing EPHI from malicious software and the importance of system protection.
2. The Privacy Officer will retain documentation of the training provided for at least six (6) years.

## 5.10. Security Reminders

Effective Date	08/25/2020
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Review Date	August 2021

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### **PROCEDURES**

#### Periodic Security Updates

1. The University's Division of IT Services performs the following functions:
  - a. Ensures all systems accessing or containing EPHI have anti-virus and malware protection services installed.
  - b. Performs network vulnerability scans on systems containing or accessing EPHI. (Ed K's group to include)
  - c. Installs and maintains firewalls.
  - d. Publishes security tips in University newsletters.
  - e. Sends email notifications regarding current, identified issues, such as spoofing emails.
  - f. Provides annual security awareness training via electronic modules. (faculty/staff take) (could assign to additional people – there is a cost)
2. The Center conducts annual privacy and security training with its workforce members during fall orientation week and as needed for new hires.

## 5.11. Protection from malicious software

Effective Date	08/25/2020
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Review Date	August 2021

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The University's Information Technology Services Division ("ITS") provides security awareness training for all University employees on an annual basis.

ITS has procedures in place to guard against, detect and report any malicious software found on University-owned equipment and devices, including those of the Center.

## 5.12. Log-in Monitoring

Effective Date	08/25/2020
Supersedes Date	01/11/2015
Review Date	August 2021

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During fall orientation week training, the Center's workforce members are trained regarding logging into EPHI systems and securing their passwords.

The University of Memphis' IT Services ("ITS") Division provides log-in monitoring for all University computer systems. The ITS Division will notify the Center's Security Officer of any suspicious log-in attempts affecting the Center's systems or employee/faculty/student accounts. Upon receiving such a report, the Security Officer will investigate to determine whether there has been a security incident or other problem which needs to be addressed. The Security Officer will take mitigating actions or other corrective steps to address the issue. The Security Officer will document the issue and the steps taken to address it. This documentation will be maintained for a period of six years.

### 5.13. Password Management

Effective Date	08/25/2020
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The Center's workforce members are required to comply with the same guidelines for password complexity as the rest of the University. Those guidelines are as follows:

- A. Guidelines for creating passwords include:
  1. Mix of uppercase and lowercase letters
  2. Having password 12-30 characters long
  3. Using numbers and/or symbols
- B. The University's password management system forces a user to change their password every 180 days. Users may choose to change their passwords more frequently.

## 5.14. Contingency Planning

Effective Date	08/25/2020
Supersedes Date	01/11/2015
Review Date	August 2021

### POLICY & PURPOSE

The Center is committed to protecting the confidentiality, integrity and availability of all PHI by implementing policies and procedures to ensure the response to an emergency or other occurrence that damages systems containing PHI. Contingency planning includes the procedures that SCSD and MSHC will follow following the event of an emergency, disaster or other occurrence (i.e., fire, vandalism, system failure and natural disaster) when any system that contains EPHI is affected. The procedures include data back-up, disaster recovery planning, emergency mode operation plan, application and data criticality analysis and testing and revision of procedures. These plans will support the Center in the timely and effective recovery of its operations.

### PROCEDURE

The Center's Privacy & Security Officers work with the Center's workforce, the University's Information Technology Services Division, and any other needed resources to develop, review, and update policies and procedures to support contingency plans.

## 5.15. Data Back-up Plan

Effective Date	08/25/2020
Supersedes Date	01/11/2015
Review Date	August 2021

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### PROCEDURES

The Center will establish and implement a Data Backup Plan pursuant to which it would create and maintain retrievable, exact copies of all Electronic Protected Health Information (EPHI).

#### A. Data Backup

1. The Center currently uses an off-site storage vendor, to recover EPHI during an emergency situation that prevents access to the original EPHI.
2. Media used for backing up EPHI will be stored in a physically secure environment, such as a secure, off-site, vendor storage facility.
3. The Data Back-up Plan will be tested on a periodic basis to ensure that exact copies of EPHI can be retrieved and made available.
4. All EPHI data will be backed up every 24 hours locally and at least weekly with the off-site data storage facility.

#### B. The Center will use the following classifications for the systems and applications which is uses:

1. Critical -- Data that will have a significant and immediate impact for treatment of patients, i.e. NOAH database.
2. Essential --Data required for day-to-day operations, but does not affect patient care.
3. Important --Required for day-to-day operations, but does not prevent long term functioning
4. Low --Useful, but not necessary for day-to-day operations, i.e. marketing materials.

## 5.16. Disaster Recovery Plan

Effective Date	08/25/2020
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### PROCEDURES

The goal of the Center's Disaster Recovery Plan is to ensure restoration and/or recovery in a timely manner from the loss of data due to an emergency or disaster such as fire, water, vandalism, terrorism, system failure and, or other natural disasters affecting systems containing EPHI.

#### A. Notification/Activation Phase

This phase addresses the initial actions taken to detect and assess damage inflicted by a disruption to EPHI. Based on the assessment of the event, the plan may be activated by the Security Officer, Privacy Officer, Business Manager and/or Dean of SCSD.

##### 1. Notification (see Appendix C for this policy)

The following notification sequence should be followed:

- a. The first responder notifies the Security Officer. All known information is relayed to the Security Officer.
- b. The Security Officer notifies the University's Chief Information Officer, MSHC Privacy Officer, MSHC Business Manager and Dean of SCSD to begin assessment procedures.
- c. The Security Officer notifies the HIPAA Compliance Committee.
- d. The Security Officer leads and completes the assessment procedures as outlined in this policy to determine the extent of damage and estimated recovery time.
- e. If damage assessment cannot be performed locally because of unsafe conditions, the Security Officer follows these damage assessment procedures:
  1. Determine the cause of the disruption.
  2. Determine the potential for additional disruption or damage.
  3. Determine the affected area and status of the disruption.
  4. Determine status of the IT equipment functionality and inventory.
  5. Determine estimated time to repair everything back to normal.
  6. Notify the HIPAA Compliance Committee of findings to determine best way to move forward.

##### 2. The Contingency Plan is activated if one or more of the following criteria are met:

- a. If the EPHI system will be unavailable for more than 48 hours.
- b. Facility is damaged and will be unavailable for more than 24 hours.
- c. Determination by the Security Officer or the Privacy Officer, if the Security Officer is unavailable, that the plan is needed.
- d. If the plan is activated, the Security Officer notifies the Dean of SCSD, the Business Manager, the Privacy Officer, the Legal Office and Center Director(s) and informs them of the details of the event. Upon notification from the Security Officer, these individuals notify supervisees and students. Team members are informed of all applicable information and prepared to respond.
- e. The Security Officer notifies the offsite storage vendor that a contingency event has been declared and that the Center will need back up.

#### B. Recovery Phase

To restore temporary IT operations and recover from damage done to the original system

##### 1. Restoring EPHI will include such measures as:

- a. Data back up in case of a disaster causing data loss,
- b. Log system outages, failures and data loss to critical systems, and

c. Training of appropriate personnel to implement the disaster recovery plan.

C. Reconstitution Phase

To restore IT system processing capabilities to normal operations.

1. Identification of Activities, Resources and Procedures to carry out the requirements during prolonged interruptions to normal operations.
2. Assigned responsibilities to designated personnel and provide guidance for recovering EPHI during prolonged periods of interruption to normal operations
3. Ensure coordination with external points of contact and vendors who will participate in the contingency planning strategies.

D. Documentation of Disaster Recovery Plan

The Disaster Recovery Plan is documented and easily available to the necessary personnel at all times. The personnel are trained to implement the Disaster Recovery Plan.

E. Testing of Disaster Recovery Plan

The Disaster Recovery Plan will be tested periodically to ensure that EPHI and the systems needed to make EPHI available can be restored or recovered. These periodic testings will be documented.

## 5.17. Emergency Mode Operation Plan

Effective Date	08/25/2020
Supersedes Date	01/11/2015
Review Date	August 2021

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### PROCEDURES

The Center has the following emergency mode operations in place to enable continuation of critical business processes:

1. The Center's key personnel have been identified and trained in their emergency response and recovery roles.
2. Preventive controls (e.g., generators, environmental controls, waterproof tarps, sprinkler systems, fire extinguishers, and fire department assistance) are maintained in good operating condition.
3. The Center's computer equipment, including components supporting the Center's HIPAA secure server, are connected to an uninterruptible power supply (UPS) that provides up to 20 minutes of electricity during a power failure.
4. The equipment, connections, and capabilities required to operate the secure server and other EPHI systems are available via the off-site storage vendor.
5. Service agreements are maintained with the off-site storage vendor to support the emergency system recovery.

## 5.18. Application and Data Criticality Analysis

Effective Date	08/25/2020
Supersedes Date	01/11/2015, 07/01/2018
Review Date	August 2021

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SCSD and MSHC will access the relative criticality of specific applications and data within SCSD and MSHC for purposes of developing its Data Backup Plan, its Disaster Recovery Plan and its Emergency Mode Operation Plan.

The assessment of data and application criticality will be conducted periodically and at least annually to ensure that appropriate procedures are in place for data and applications at each level of risk.

## 5.19. Evaluation

Effective Date	08/25/2020
Supersedes Date	01/11/2015
Review Date	August 2021

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### POLICY

The Center is committed to ensuring that its security plans and procedures are adequate to protect Protected Health Information (PHI).

### PURPOSE

Emergency contingency plans are reviewed and updated periodically to ensure the Center can continue to function during an emergency.

It is the Security Officer's responsibility for monitoring and enforcing this policy.

### PROCEDURES

The Security Officer will determine if the Center's existing contingency plans are appropriate.

- A. The Security Officer or designee will perform technical and nontechnical evaluations annually or in response to:
  1. Environmental changes affecting the security of EPHI (i.e. new equipment, security incidents, etc.).
  2. Operational changes affecting the security of EPHI (changes made in organizational structure, policy changes, etc.).
- B. The Security Officer will determine the need for an internal or external evaluation or both.
- C. The Security Officer will review all results of the evaluation with the HIPAA Compliance Committee. The HIPAA Compliance Committee may recommend that questions or concerns be shared with the University's Legal Department.
- D. Documentation of the technical and nontechnical evaluations is maintained for at least six (6) years.

## 5.20. Business Associate Contracts and Other Arrangements

Effective Date	08/25/2020
Supersedes Date	01/11/2015
Review Date	August 2021

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### POLICY

The Center will maintain business associate agreements with all third parties accessing PHI to use, disclose, maintain, or provide a service on behalf of the Center.

### PURPOSE

The Center is committed to protecting PHI in compliance with the Privacy and Security Rules of HIPAA.

### PROCEDURES

- A. The Security Officer works with the Privacy Officer and the members of the HIPAA Compliance Committee to identify third parties with whom a business associate relationship exists. Examples of business associates include, but are not limited to, clearinghouses, medical billing services, hardware and software vendors, external consultants, lawyers, transcription contractors or others who may access to PHI in order to use, disclose, maintain, or provide a service on behalf of the Center.
- B. The Center will enter into a business associate contract (see Appendix D: Business Associate Agreement) with any entity that meets the definition of a business associate as outlined in 45 CFR §160.103 to ensure that the business associate will appropriately safeguard PHI .
- C. The Security Officer will work with the University's Legal Department as needed regarding the appropriate wording of each business associate agreement.
- D. Fully signed and executed business associate agreements will be maintained with the contract governing the relationship between the Center and the business associate for as long as the business relationship exists plus six years following the termination of the relationship.

## 5.21. Facility Access Controls

Effective Date	08/25/2020
Supersedes Date	01/11/2015
Review Date	August 2021

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### POLICY

The Center is committed to implementing physical safeguards to limit physical access to its electronic information systems containing Protected Health Information (PHI) and the facility(s) where PHI is located, while still ensuring properly authorized access is allowed.

### PROCEDURES

The following methods are used to access the referenced areas/rooms:

1. Swipe card access to rooms with computers through which EPHI can be accessed (student computer room)
2. Swipe card access to file room in MSHC
3. Swipe card access to business area of MSHC
4. Swipe card access to MSHC therapy area (clinic area)
5. Swipe card access to the Community Health Building where the School and Center are located

The granting of swipe card access is managed by SCSD.

## 5.22. Contingency Operations

Effective Date	08/25/2020
Supersedes Date	01/11/2015
Review Date	August 2021

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### **PROCEDURE**

The Center has procedures that allow facility access during emergencies to support restoration of data under the Disaster Recovery Plan and Emergency Mode Operations Plan in the event of an emergency.

The procedures are maintained and updated by the Center's Local Support Provider (LSP), an employee of the University's IT Services Division assigned to the Center to assist with day-to-day IT issues.

## 5.23. Facility Security Plan

Effective Date	08/25/2020
Supersedes Date	01/11/2015
Review Date	August 2021

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### **PROCEDURES**

1. The Center has implemented the following facility security measures to ensure that unauthorized facility access is prevented:
  - A. Front (north facing) exterior doors of the Community Health Building are open only when security guards are present. These doors are locked nights and weekends.
  - B. Security guards patrol the parking lot and surrounding area overnight and during the day.
  - C. Visitors enter through the main door and are greeted by a uniformed security guard seated at the reception desk. Visitors are required to produce identification and sign the visitor log book at the reception desk.
  - D. Volunteers or observers at the Center must complete a volunteer form and are accompanied by authorized personnel at all times.
  - E. The back (south facing) exterior doors and all other exits from the Community Health Building are locked at all times. Faculty, staff, and students gain access to the building by using identification badges/swipe cards issued by the University.
  - F. The Center reception desk has a “panic button” that connects directly to campus police in the event it is needed.
2. Each clinic operating within the Community Health Building locks its doors when the clinic is closed.
3. Keys to individual doors are maintained by the University’s Physical Plant. The School’s Administrative Associate orders keys when requested. If an employee leaves the University or no longer needs a key, the employee can return it to the Administrative Associate for reissue to other employees as needed or return it to Physical Plant. Extra keys are kept onsite in a locked key box in the Dean’s Suite.
4. An ongoing inventory list of keys is maintained by the School and the University.

## 5.24. Access Controls and Validation Procedures

Effective Date	08/25/2020
Supersedes Date	01/11/2015
Review Date	August 2021

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### PROCEDURES

- A. The Center has procedures to control and validate a workforce member's access to facilities.
- B. General access procedures:
  - 1. All areas within the facility that contain PHI have a secure card reader and/or key access. The areas are locked following business office hours.
  - 2. A secure, key-code file cabinet is used in the student workroom for all files that have been checked out of the business office. The students store the checked-out files in the secure file cabinet whenever they leave the workroom.
- C. Visitor access:
  - 1. All visitors are escorted in areas where PHI is contained.
  - 2. All visitors who require access to facilities containing EPHI-based systems must sign in and provide information regarding their identity and the purpose of their visit.
  - 3. Logs are kept for six years for any visitor access to areas containing EPHI systems.

## 5.25. Maintenance of Records

Effective Date	08/25/2020
Supersedes Date	01/11/2015
Review Date	August 2021

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All access for repairs and modifications made to areas in the facility where Protected Health Information (PHI) or Electronic Protected Health Information (EPHI) is contained is either logged and maintained within the University's IT system or by the Clinic Office Associates. Whenever someone uses their badge to swipe into these areas, the time and date of entry into the area is logged in the University's door access system and is retrievable. When workers access the space for repairs, they are requested to sign in at the Clinic front desk to ensure that they will not disturb any sessions in progress.

## 5.26. Workstation Use

Effective Date	08/25/2020
Supersedes Date	01/11/2015
Review Date	August 2021

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### POLICY

The Center is committed to implementing physical safeguards to limit access to its Protected Health Information (PHI) by ensuring workstations are used appropriately and security measures are in place to prevent unauthorized access.

### PURPOSE

The Center is committed to protecting the confidentiality, integrity and availability of all PHI by ensuring physical safeguards are put into place to limit access to PHI and to provide appropriate access to PHI as needed in accordance with the HIPAA Security Regulations. Following these procedures also prevents risk of physical theft of system hardware, software, media or paper files.

### PROCEDURE

#### I. Workstation Use

##### A. Physical access to workstations

1. The Security Officer will document the different ways workstations are accessed by workforce members and/or non-workforce members, when necessary, including remote desktop access.
  - a. Remote desktop access will require passwords.
  - b. Portable and mobile systems containing PHI must be encrypted and approved and documented by the Security Officer.
2. The Security Officer and the LPS will strive to ensure proper placement of workstations in physically secure locations to minimize risk of physical access by unauthorized persons. The following protections are utilized:
  - a. Areas containing PHI are locked when unattended.
  - b. Monitor shields are used as appropriate.
  - c. Automatic logoff after ten minutes of inactivity on any systems containing PHI.
  - d. All workstations must have a unique password entry for each workforce member.
    1. All passwords should be no less than 12 characters in length and contain at least one alphabetic and numeric character.
    2. Passwords are not shared.

##### B. Other Protections

1. Any software or applications added to an electronic device used for work-related matters is approved by the HIPAA Privacy Officer and/or designee.
2. Each workstation is protected from malicious software by up-to-date anti-virus software or an appropriate alternative as determined by the University's IT Services Division.

## 5.27. Workstation Security

Effective Date	08/25/2020
Supersedes Date	01/11/2015
Review Date	August 2021

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### POLICY

The Center is committed to implementing physical safeguards to limit access to its Protected Health Information (PHI) by ensuring workstations are used appropriately and security measures are in place to prevent unauthorized access.

### PURPOSE

The Center is committed to protecting the confidentiality, integrity and availability of all PHI by ensuring physical safeguards are put into place to limit access to PHI and to provide appropriate access to PHI as needed in accordance with the HIPAA Security Regulations. Following these procedures also prevents risk of physical theft of system hardware, software, media or paper files.

It is the responsibility of the SCSD and MSHC HIPAA Security Officer and/or Privacy Officer to monitor and enforce this policy.

### PROCEDURES

#### A. General

2. Electronic devices are physically secured whenever possible. This may include locking the workstation to an immovable (or difficult to move) object such as a desk or placement of the workstation in a secure room that can be locked.
3. Sensitive, confidential or critical electronic business information or data, including PHI, used or generated at the workstation is secured.
4. Workstation monitors are positioned in a way that prevents casual viewing by unauthorized users and/or the general public.
5. Users are responsible for securing the devices and media used at the workstation.

#### B. Laptops and other portable devices

1. Requirements for laptops and portable device handling include:
  - a. When traveling, laptops and portable devices are not placed in checked baggage.
  - b. Laptops and portable devices are not left unattended.
  - c. Laptops and portable devices require a user ID and password prior to allowing access to confidential or sensitive electronic information, including EPHI.
  - d. If a portable device containing confidential or sensitive information, including PHI, is lost or stolen, the incident is reported to the HIPAA Security Officer or Privacy Officer immediately, and to the local police within 24 hours of the discovery of a theft.
  - e. It is the responsibility of all workforce members who have laptops and other portable devices to exercise due care (i.e., locking and storing safely) to prevent opportunistic theft or loss.

#### C. Monitoring

1. The HIPAA Security Officer and/or designee will monitor the Workstation Use and Security standards for compliance and changes, and update the Center's processes and procedures as necessary.

2. Workstations are configured to only allow the installation of additional software by an individual with administrative rights.

D. Violations

Will result in appropriate action, based on the Center's Sanction policy.

## 5.28. Device and Media Controls

Effective Date	08/25/2020
Supersedes Date	01/11/2015
Review Date	August 2021

### POLICY

The Center is committed to implementing physical safeguards to limit access to its Protected Health Information (PHI) by governing the receipt and removal of hardware and electronic media that contain PHI and how they move within and outside of the facility.

### PURPOSE

The Center is committed to protecting the confidentiality, integrity and availability of all PHI by ensuring physical safeguards are put into place to limit access to PHI and to provide appropriate access to PHI as needed in accordance with the HIPAA Security Regulations.

It is the responsibility of the Center's HIPAA Security Officer and/or Privacy Officer to monitor and enforce this policy.

### PROCEDURES

The following procedures are used to safeguard PHI when hardware and electronic media are moved:

1. When computers are moved to different areas, the hard-drives are removed and then destroyed.
2. Fax machines are owned and maintained by the School. Any internal memory is removed and destroyed when a fax machine is no longer being used.
3. The University maintains the copiers used by the Center and by the School. The University has installed data security kits to overwrite data on all copiers.
4. Neither the Center nor the School issue thumb-drives or other such removable media.
5. Records of the destruction of the hard-drives are maintained by the Local Service Provider (LSP) assigned by IT Services to assist the Center and the School.
6. An inventory assessment of equipment is conducted annually.

## 5.29. Disposal

Effective Date	08/25/2020
Supersedes Date	01/11/2015
Review Date	August 2021

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### PROCEDURE

The HIPAA Security Officer and/or designee will take reasonable and appropriate steps to properly destroy PHI when it is no longer needed in a manner that will permanently, completely and irreversibly delete PHI to prevent future access by unauthorized individuals.

#### A. Paper Media

The primary means of disposal of paper media containing confidential information is via shredding.

1. All such media should be deposited in designated, locked boxes for shredding or otherwise kept secure until shredded.
2. If an outside vendor is employed, the shredding services must implement a process that maintains the security of the contents from pick up within the organization to the point of destruction.
3. Recycle bins are not to be used for confidential information as the recycling process does not guarantee security from point to point.

#### B. Disposal of Electronic Media

The primary means for electronic media disposal is zeroing, degaussing, or physical destruction, as applicable to the medium.

1. Deleting data or reformatting the disk is NOT sufficient under the following circumstances:
  - a. If electronic media contains EPHI or other confidential information, the hard disks must be zeroed or degaussed before the computing device is recycled to another user and/or before it is taken out of service at the University (redeployment, donation, selling, or recycling).
  - b. Zeroing uses a disk utility (e.g., Data Removal Service software) to write "zero" to all areas of a disk, thereby overwriting any data that may be on the disk. Zeroing is required rather than simply formatting or initializing the disk which simply marks the disk as blank, so that it only appears empty - other disk utilities are available that can "un-format" the disk and recover the data, so formatting/reformatting is not an acceptable practice.
2. Degaussing or demagnetizing is a procedure that reduces the magnetic flux on the disk to virtual zero by applying a reverse magnetizing field. Degaussing a magnetic storage medium removes all the data stored on it.
3. In general, other electronic media (DVD, CD, diskette, zip drive etc.) must be physically destroyed to be rendered unreadable. For instructions on proper disposal of electronic media, contact the HIPAA Security Officer or a member of Computer Systems Support.

#### C. Disposal of Media in Other Formats that Contains Protected Health Information

Disposal of other media varies with the nature of the item and the material.

1. To the extent possible and practical, material containing PHI that cannot be removed from the material to which it is affixed should be given to the patient to take home.
2. Material that is reusable for the individual patient, such as embosser plates, should be filed in the patient's medical record.

3. Material that is reusable, such as manila folders, can have either an opaque label placed on top of the original label (recording any pertinent information on the new label, such as data of contents expiration), or PHI can be obliterated with a non-water soluble black marker.
4. Material that is not reusable and contains any chemical or biological substance must be disposed of according to the appropriate hazard or bio-hazard waste process.
5. For guidance on the disposal or re-use of any material not covered in this procedure or about which any Center workforce member is uncertain, contact the HIPAA Security and/or Privacy Officer.

### 5.30. Media Reuse

Effective Date	08/25/2020
Supersedes Date	01/11/2015
Review Date	August 2021

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Currently, no re-usable media is issued by the Center or School, but if that changes in the future, the following procedure will be followed:

#### PROCEDURE

The HIPAA Security Officer and/or designee will:

- A. Identify all removable media and its use.
- B. Ensure that all PHI is removed and cannot be accessed from the electronic media before media is made available for reuse. The primary means for electronic media reuse is zeroing, or degaussing.
- C. Document this process.

### 5.31. Accountability

Effective Date	08/25/2020
Supersedes Date	01/11/2015
Review Date	August 2021

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#### PROCEDURE

The HIPAA Security Officer and/or designee is responsible for the following:

- A. Recording all Center hardware and electronic media containing EPHI or with the possibility of containing EPHI
- B. Ensuring the Center's Local Service Provider ("LSP") documents the name and role of the person to whom the hardware and/or electronic media are provided for work use.

### 5.32. Data Backup and Storage

Effective Date	08/25/2020
Supersedes Date	01/11/2015
Review Date	August 2021

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#### PROCEDURE

The Security Officer and/or designee is responsible for creating a retrievable, exact copy of EPHI, when needed, before movement of the equipment and to safeguard the integrity of the EPHI. The Security Officer and/or designee is responsible for documenting the movement of equipment and the location of the copy of EPHI.

### 5.33. Access Control

Effective Date	08/25/2020
Supersedes Date	01/11/2015
Review Date	August 2021

#### POLICY

The Center achieves compliance with all technical safeguards in the HIPAA Security Regulation by providing appropriate access and audit controls, establishing integrity of all EPHI systems, authenticating all persons or entities with which it does business and transmitting all EPHI securely.

#### PURPOSE

This policy reflects the Center's commitment to compliance with the technical safeguards by providing unique user identification and passwords for workforce members, emergency access, automatic logoff, encryption and decryption, firewalls, and remote and wireless access procedures that will apply to electronic information systems that maintain EPHI to assure that such systems are accessed only by those persons or software programs that have been granted access rights.

It is the responsibility of the Center's HIPAA Security Officer and/or Privacy Officer to monitor and enforce this policy.

#### VIOLATIONS

Any individual, found to have violated this policy, may be subject to disciplinary action up to, and including, termination of employment.

### 5.34. Unique User Identification

Effective Date	08/25/2020
Supersedes Date	01/01/2016
Review Date	August 2021

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#### **PROCEDURES**

It is the Center's responsibility to uniquely identify and track each workforce member for the purpose of access control to all networks, systems, and applications that contain EPHI, and monitor their access to the aforementioned networks, systems, and applications that store EPHI, such as an electronic medical records system.

- A. Any workforce member who requires access to any network, system, or application that accesses, transmits, receives, or stores EPHI, must be provided with a unique user identification code.
  - 1. When accessing any network, system, or application that accesses, transmits, receives, or stores EPHI, a workforce member must supply their previously assigned unique user identification in conjunction with a secure password to gain access.
  - 2. Each workforce member's password should meet the requirements as outlined in the University of Memphis's Information Security Password Best Practices policy: (<http://www.memphis.edu/its/security/password.php>).
- B. If a system does not support the minimum structure and complexity as detailed in the aforementioned guidelines, all EPHI must be removed and relocated to a system that supports the foregoing secure password structure.
- C. Workforce members may not allow another user to use their unique user identification or password.
- D. Workforce members ensure that their user identification is not documented, written, or otherwise exposed in an insecure manner.
- E. Each workforce member ensures that their assigned user identification is appropriately protected and only used for legitimate access to networks, systems, or applications, as indicated in the University's Acceptable Use Policy (IT6003).
- F. If a workforce member believes their user credentials have been compromised, they must report that security incident immediately to their manager or the School's Administrative Associate if the manager is unavailable. The manager, or School's Administrative Associate, in turn, will contact the appropriate HIPAA Privacy Officer or Security Officer. The HIPAA Privacy Officer or Security Officer will notify the IT Services Division to make them aware.

### 5.35. Emergency Access Procedures

Effective Date	08/25/2020
Supersedes Date	01/01/2016
Review Date	August 2021

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#### PROCEDURE

The Center ensures that access to Electronic Protected Health Information (EPHI) is maintained during an emergency situation by establishing and implementing procedures to ensure access to systems containing EPHI. This access needs to also be made available to a faculty, Center staff member, or student who needs to provide treatment in the case of an emergency, if the denial or strict access to that EPHI could negatively impact an individual's care. Please note that EPHI not affecting an individual's care is not subject to this emergency access procedure.

### 5.36. Automatic Log Off

Effective Date	08/25/2020
Supersedes Date	01/01/2016
Review Date	August 2021

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#### PROCEDURE

- A. Servers, workstations, or other computer systems containing Electronic Protected Health Information (EPHI) that have been classified as critical and/or high risk will use inactivity timers or automatic log off mechanisms after 3 minutes of inactivity.
- B. Servers, workstations, or other computer systems containing EPHI that is located in common areas, that access, transmit, receive, or store EPHI will use inactivity timers or automatic log off mechanisms after 3 minutes of inactivity.
- C. All other servers, workstations, databases or other computer systems containing EPHI that are not classified as critical or high risk or which are not located in common areas will use inactivity timers or automatic log off mechanisms after 3 minutes of inactivity.
- D. Workforce members log off the system whenever leaving a server, workstation, or other computer system unattended.

### 5.37. Encryption and Decryption

Effective Date	08/25/2020
Supersedes Date	01/01/2016
Review Date	August 2021

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## **PROCEDURES**

- A. If encryption is deemed necessary for Electronic Protected Health Information (EPHI) then it will be done in accordance with NIST standards and maintained on a secure server.
- B. Texting is not used to transmit EPHI.
- C. Unencrypted email or email attachments may not contain EPHI unless it is required by a city or state agency as part of their regulatory process and this has been confirmed by the HIPAA Security Officer and/or designee.
- D. Transmission of EPHI via SFTP for claims submissions or in a remote desktop environment with a business associate is allowed.
- E. Devices that are portable that could be easily lost, stolen and/or misplaced must use encryption technologies to protect EPHI.
  1. Any devices reported as lost, stolen and/or misplaced must be reported to the HIPAA Security Officer immediately.
  2. If the Center decides to provide portable storage devices, the HIPAA Security Officer and/or their designee must document all portable devices containing EPHI to ensure appropriate encryption and firewall protection has been enabled
- F. Firewalls will be used on all networks storing EPHI. These firewalls will need to be configured in the following manner:
  1. Limit network access to only authorized Center workforce members.
  2. Limit network access to only legitimate or established connections. An established connection is return traffic in response to an application request submitted from within the secure network.
  3. Console and other management ports must be appropriately secured or disabled.
  4. The University's ITS Division will document the configuration of firewalls used to protect networks containing EPHI. This documentation includes a configuration plan that outlines and explains the firewall rules.
- G. Remote Access
  1. To ensure that all networks that contain EPHI are appropriately secured, each workforce member needs to follow the remote access policies and procedures outlined here.
  2. Authentication and encryption mechanisms are required for all remote access sessions to networks containing EPHI via an Internet Service Provider (ISP) or dialup connection. Examples of such mechanisms include VPN clients, authenticated SSL web sessions, and secured Citrix client access.
  3. The following security measures must be implemented for any remote access connection into a secure network containing EPHI:
    - a. Mechanisms to bypass authorized remote access mechanisms are strictly prohibited. For example, remote control software and applications, such as GoToMyPC.com, are not permitted on systems containing EPHI.
    - b. Workstations must employ a virus detection and protection mechanism.
    - c. Workforce members must comply with all EPHI Security regulations relating to workstation use.

- d. All encryption mechanisms implemented to comply with this policy must support a minimum of, but not limited to, 128-bit encryption.
- e. Any workforce member requesting remote access to a secure network containing EPHI will be approved by the Security Officer to ensure the remote workstation device being used meets the security measures.

H. Wireless Access

- 1. To ensure that all networks containing EPHI are appropriately secured, the following procedures should be followed.
- 2. Wireless access to networks containing EPHI is permitted so long as the following security measures have been implemented:
  - a. Encryption must be enabled.
  - b. MAC-based or User ID/Password authentication must be enabled. MAC-based (Media Access Control) authentication is based on a permitted list of hardware addresses that can access the wireless network. MAC addresses are hard coded on each network interface card and typically cannot be changed.
  - c. All console and other management interfaces have been appropriately secured or disabled.
  - d. Unmanaged, ad-hoc, or rogue wireless access points ARE NOT PERMITTED on any secure network containing EPHI.
  - e. All encryption mechanisms implemented to comply with this policy must support a minimum of, 128-bit encryption.
- 3. Any workforce member requesting access to a secure wireless network containing EPHI needs to ensure the wireless device being used meets the security measures detailed in this manual.

### 5.38. Audit Controls

Effective Date	08/25/2020
Supersedes Date	01/01/2016
Review Date	August 2021

#### **PURPOSE**

The Center is committed to compliance with the technical safeguards by using audit controls to identify, monitor, record and review the activity in information systems containing Electronic Protected Health Information (EPHI).

It is the responsibility of the Center's HIPAA Security Officer to monitor and enforce this policy. Technical assistance may be provided by the University's ITS Division.

#### **PROCEDURES**

- A. The Center will log and store information system activity where EPHI is stored.
  2. The audit log for each system containing EPHI will include:
    - a. User ID
    - b. Log in date and time
    - c. Activity time
    - d. Other activity reports
  3. The HIPAA Security Officer and/or their designee will review the audit logs on a regular basis as determined necessary.
- B. The Center's HIPAA Security Officer developed an Audit Control and Review Plan that includes the following:
  1. All systems and applications that are logged
  2. The information that is logged for each system and application.
  3. Log in reports for each system.
  4. Designate the person to review all activity logs.
- C. The audit logs will be stored for a period of six years by the HIPAA Security Officer and/or their designee.

### 5.39. Integrity

Effective Date	08/25/2020
Supersedes Date	01/01/2016
Review Date	August 2021

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#### **PURPOSE**

The Center is committed to compliance with the technical safeguards by protecting Electronic Protected Health Information (EPHI) from improper alteration or destruction.

It is the responsibility of the Center's HIPAA Security Officer and/or Privacy Officer to monitor and enforce this policy. The Center's HIPAA Security Officer and/or Privacy Officer reports incidents in conjunction with the University's Incident Response Plan.

#### **PROCEDURES**

- B. Leverage application-specific mechanisms or functionality when available to check that EPHI has not been altered or destroyed in an unauthorized manner.
- C. Review access logs for unauthorized access regularly.
- D. Ensure physical safeguards are in place for devices containing EPHI.
- E. Ensure systems containing EPHI meet all administrative, physical and technical safeguards as outlined in this manual.
- F. Protect systems containing EPHI from malicious software. The University's ITS Division centrally deploys malware/virus protections.
- G. Protect systems containing EPHI by applying appropriate access and audit controls.
- H. Do not allow systems without adequate security be used to store or transmit EPHI.
- I. Data integrity controls, as necessary, may include:
  - 1. Firewalls
  - 2. Encryption
  - 3. Unique user identification
  - 4. Anti-virus/anti-malware software
- J. Train workforce members on security policies and procedures. The University's ITS Division periodically sends information security reminders and tips to the entire University community. Additionally, the University's ITS Division requires annual security training for staff and faculty users of the University's computer systems.

## 5.40. Person or Entity Authentication

Effective Date	08/25/2020
Supersedes Date	01/01/2016
Review Date	August 2021

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### PURPOSE

The Center is committed to compliance with the technical safeguards by verifying each workforce member is assigned appropriate access to Electronic Protected Health Information (EPHI) systems.

It is the responsibility of the Center's HIPAA Security Officer and/or Privacy Officer to monitor and enforce this policy.

### PROCEDURES

- A. Each workforce member accessing systems containing EPHI must have a unique user identification and password to verify their identity. Generic user identifications or passwords are not acceptable.
- B. Workforce members must not misrepresent themselves by using another workforce member's unique user identification or password to access EPHI systems.
- C. Workforce members do not share their unique user identification or password with anyone else.
- D. Workforce members verify any person or entity receiving EPHI is correct prior to transmitting EPHI.
- E. EPHI systems are not be configured to save passwords.

## 5.41 Transmission Security

### Integrity Controls

Effective Date	08/25/2020
Supersedes Date	01/01/2016
Review Date	August 2021

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#### PURPOSE

The Center is committed to compliance with the technical safeguards by implementing security measures to guard against unauthorized access to EPHI that is transmitted over an electronic communications network.

It is the responsibility of the Center's HIPAA Security Officer and/or Privacy Officer to monitor and enforce this policy.

#### PROCEDURES

- A. EPHI transmissions to entities outside of the Center must utilize an encryption method.
- B. Workforce members need to verify any person or entity receiving EPHI is correct prior to transmitting EPHI.
- C. Only the minimum necessary amount of EPHI is transmitted to outside persons or entities.
- D. If removable media is used to move EPHI, it must be done in accordance with Policy 5.37 (Encryption and Decryption).
- E. Removable media used for system backups and disaster recovery is stored and transported securely.

## **Appendix A**

## **Privacy Officer Job Description, Roles and Responsibilities**

To comply with § 164(a)(1)(i) of the privacy regulations and document the roles and responsibilities of the HIPAA Privacy Officer who is responsible for the oversight and management of all activities related to the development, implementation, maintenance and compliance of the policies, procedures and standards governing the privacy, confidentiality, and security of all individually identifiable health information in compliance with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), the Department of Health and Human Services (“DHHS”) regulations implementing HIPAA, particularly the HIPAA privacy and security regulations, and other state and federal laws, professional ethics, and accreditation standards protecting the confidentiality and privacy of individuals and their health and other information, such as financial information.

### **I. Job Description, Roles and Responsibilities of Privacy Officer**

#### **A. The HIPAA Privacy Officer is primarily responsible for:**

1. Understanding the HIPAA Privacy Rule and how it applies to the School of Communication Sciences and Disorders and the Memphis Speech and Hearing Center.
2. Chairing and working with the HIPAA Compliance Committee to ensure compliance with all HIPAA policies and procedures.
3. Overseeing/conducting gap and risk analyses in conjunction with the Security officer and HIPAA Compliance Committee.
4. Developing and implementing HIPAA privacy training for faculty, staff, students, research associates and volunteers.
5. Regularly updating the School and MSHC regarding privacy awareness.
6. Notifying the HIPAA Security Officer of any Business Associate Agreements that implicate PHI.
7. Establishing a process for receiving, documenting, tracking, investigating, and taking action on all complaints concerning School's privacy policies and procedures.
8. Acting as the responsible official/contact person for receiving and responding to individual complaints under §164.530(a)(1)(ii) of the DHHS privacy regulations and for answering questions relating to the School of Communication Sciences and Disorders and the Memphis Speech and Hearing Center's notice of information practices.
9. Working with legal counsel as needed to ensure all policies and procedures are current with legal practices at the federal and state level.
10. Maintaining current knowledge of all state and federal laws as pertains to the HIPAA Privacy Act.
11. Cooperating with the U.S. Department of Health and Human Service's Office of Civil Rights or other legal entities in any compliance reviews or investigations.
12. Acting as the responsible official to develop policies and procedures to ensure that individuals understand their rights under the privacy regulations and other state and federal laws, including the following rights under the following sections of the DHHS privacy regulations:
  - a. Access under §164.524.
  - b. Accounting under §164.528.
  - c. Notice of information practices under §164.520.
  - d. Request restriction on uses and disclosures and as to method of

communication under §164.522.

e. Request correction/amendment under §164.526.

13. Acting as the responsible official to ensure that the School of Communication Sciences and Disorders and the Memphis Speech and Hearing Center comply with their duties under the privacy regulations and state and federal law, including, but not limited to, the following duties:

a. Appointment of a privacy officer. §164(a)(1)(i).

b. Appointment of a contact person to receive complaints.

§164.530(a)(1)(ii).

c. Training. §164.518(b).

d. Implementing and maintaining safeguards to protect privacy.

§164.530(c)(1).

e. Verification procedures to verify the identity and/or authority of persons requesting protected health information ("PHI").

§164.518(c)(2).

f. Sanctions against those who fail to comply with the School of Communication Sciences and Disorders and the Memphis Speech and Hearing Center's policies and procedures or the privacy regulations.

§164.510(e).

g. Mitigation to lessen the deleterious effect of an improper use or disclosure.

h. Work with Compliance Committee and legal to draft, review, and implement required business associate contracts and to ensure, as required, business associates' compliance with contract provisions, including the receipt of reports of noncompliance and taking appropriate action in the event of a breach.

i. Work with the security officer to ensure appropriate coordination between the School of Communication Sciences and Disorders and the Memphis Speech and Hearing Center's security program and its privacy program.

j. Oversee the use and release of information throughout the School of Communication Sciences and Disorders and the Memphis Speech and Hearing Center to ensure compliance with the privacy regulations, applicable state and federal law, professional standards, and accreditation requirements.

k. Monitor the School of Communication Sciences and Disorders and the Memphis Speech and Hearing Center's operations and systems for privacy compliance. Report to management on the status of privacy compliance.

l. Revise the privacy program as necessary to comply with changes in the law, regulations, professional ethics, and accreditation requirements and as necessary because of changes in client/patient mix, business operations, and the overall health care climate.

m. Cooperate with the Office of Civil Rights, DHHS, or other agencies monitoring compliance with HIPAA, the privacy regulations, applicable state and federal law, professional standards, and accreditation requirements.

n. Work with the School of Communication Sciences and Disorders and the Memphis Speech and Hearing Center personnel, such as

management, legal, and other related parties, represent the School of Communication Sciences and Disorders and the Memphis Speech and Hearing Center's privacy interests with external parties who may attempt to enact or modify privacy protections to ensure that such laws or regulations do not unnecessarily adversely affect the entity.

14. Reporting to the Dean of the School of Communication Sciences and Disorders as needed.

II. Appointment

The Dean of the School of Communication Sciences and Disorders appoints the HIPAA Privacy Officer.

III. Qualifications

The HIPAA Privacy Officer's role is consistent with the range of responsibilities associated within the School of Communication Sciences and Disorders. The Privacy Officer also has the authority to impose Privacy policies and procedures for the School and MSHC and has the ability to implement sanctions for faculty, staff, research associates, students and volunteers.

## **Appendix B**

## **Security Officer Job Description and Roles & Responsibilities**

### **I. Job Description, Roles and Responsibilities of Security Officer**

- A. The HIPAA Security Officer is primary responsible for:
  - 1. Understanding the HIPAA Security Rule and how it applies to the Center.
  - 2. Serving on and working with the HIPAA Compliance Committee to ensure compliance with HIPAA policies and procedures.
  - 3. Overseeing/conducting gap and risk analyses in conjunction with the Privacy Officer and HIPAA Compliance Committee.
  - 4. Developing and implementing HIPAA security training for faculty, staff, students, research associates and volunteers.
  - 5. Updating the Center's security awareness training.
  - 6. Training in and dissemination of security policies and procedures for timely resumption of access to information in the event of a serious disruption.
  - 7. Developing appropriate policies and procedures to comply with the Security Rule.
  - 8. Overseeing the security of electronic Protected Health Information (EPCI) for the Center.
  - 9. Monitoring the Center for compliance with EPCI security policies and procedures.
  - 10. Identifying and evaluating threats to the confidentiality and integrity of EPCI.
  - 11. Responding to actual or suspected violations in the confidentiality or integrity of EPCI and notifying the HIPAA Privacy Officer of these potential violations.
  - 12. Recommending secure solutions that implement security policy and standards.
  - 13. Maintaining current and appropriate knowledge to perform the information security management functions.
  - 14. Communicating as necessary with the HIPAA Privacy Officer.
  - 15. Working with legal counsel as needed to ensure all policies and procedures are current with legal practices at the federal and state level.
  - 16. Maintaining current knowledge of all state and federal laws as pertains to the reporting of breaches of security.
  - 17. Cooperating with the U.S. Department of Health and Human Service's Office for Civil Rights or other governmental entities in any compliance reviews or investigations.
  - 18. Reporting to the Dean of the School of Communication Sciences and Disorders as needed.

### **II. Appointment**

The Dean of the School of Communication Sciences and Disorders appoints the HIPAA Security Officer.

**Appendix C.****Contact List**

<b>Person:</b>	<b>Title:</b>	<b>Work #:</b>	<b>Cell #:</b>	<b>Office:</b>
Brainerd, Ed	MSHC Security Officer CRISCI, Director of Computing Services	901.678.5860	901.355.5718	CHB 2054
Taylor, Jennifer	MSHC Co-Privacy Officer; Director of Clinical Services, Audiology	901.678.5822	901.496.1211	CHB 3017F
Smith, Eileen	MSCH Co-Privacy Officer; Clinical Assistant Professor	901-678.3294	910.606.5124	CHB 4035
Jarmulowicz, Linda	Dean, School of Communication Sciences and Disorders and Director, Memphis Speech and Hearing Center	901.678.5838	901.674.0857	CHB 3017A
Sheila Climer	MSHC Operations Co-Director (MLH)	901.678.3965	901.326.7498	CHB 1004
Wark, Marilyn	Director of Clinical Services, Speech-Language Pathology	901.678.5852	901.647.6237	CHB 3017G
Vasquez, Feliza	MSHC Clinic Coordinator	901.678.3965	901.825.8749	CHB 1000

## **Appendix D**

### **BUSINESS ASSOCIATE ADDENDUM**

#### **TO THE SERVICE AGREEMENT**

**This Business Associate Addendum** ("Addendum") is made and entered into by and between Memphis Speech & Hearing Center ("Covered Entity") and \_\_\_\_\_ ("Business Associate") (each a "Party" and collectively the "Parties").

The Parties have agreed that Business Associate provides [DESCRIBE SERVICES] services (the "Services") for or on behalf of the Covered Entity in accordance with [DESCRIBE OR IDENTIFY THE UNDERLYING AGREEMENT] (the "Service Agreement") between Business Associate and Covered Entity and that provision of the Services may involve PHI (as defined herein). The purpose of this Addendum is to set forth the obligations of Business Associate with respect to such PHI in accordance with applicable federal law.

**THEREFORE**, in consideration of the mutual covenants and conditions contained herein and upon provision of PHI by Covered Entity to Business Associate under the Agreement in reliance on this Addendum, the Parties agree as follows:

**1. Definitions.** The terms used in this Addendum that are not otherwise defined shall have the meaning assigned to those terms in HIPAA and its corresponding guidance(s). To the extent HIPAA or a guidance is amended, this Addendum shall be modified automatically (with regard to the Addendum's defined terms and undefined terms) to correspond to the meaning of the terms as defined in HIPAA and/or applicable guidance. For purposes of this Addendum, the terms below shall have the meanings given to them in this Section.

- a. **Breach Notification Rule** shall mean the regulations and applicable subparts found at 45 C.F.R. Part 164.400-164.414.
- b. **Breach of Unsecured PHI** shall have the meaning given to the terms "Breach" and "Unsecured Protected Health Information" at 45 C.F.R. § 164.402.
- c. **Covered entity** when not capitalized shall have the meaning given to that term at 45 C.F.R. § 160.103 and when capitalized shall have the meaning assigned to the term in the first paragraph of this Addendum.
- d. **Data Aggregation** shall have the meaning given to that term at 45 C.F.R. § 164.501.
- e. **Designated Record Set** shall mean a group of Records maintained by or for Covered Entity or a related covered entity that: (a) consists of medical records and

billing records about individuals maintained by or for Covered Entity or a related covered entity; (b) consists of the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or (c) consists of Records used, in whole or part, by or for Covered Entity or a related covered entity to make decisions about individuals. As used herein, the term “Record” shall mean any item, collection or grouping of information that includes PHI and is maintained, collected, used or disseminated by or for a health care provider. The meaning of Designated Record Set in this Addendum shall be consistent with the meaning given to that term at 45 C.F.R. § 164.501.

- f. **De-Identify** shall mean to alter the PHI such that the resulting information meets the requirements described in 45 C.F.R. § 164.514(a) and (b).
- g. **Effective Date** shall mean the effective date of the Service Agreement or January 25, 2013 (HIPAA Omnibus Final Rule publication date), whichever is later.
- h. **Electronic Protected Health Information or Electronic PHI** shall have the meaning given to that term at 45 C.F.R. § 160.103.
- i. **Health Care Operations** shall have the meaning given to that term at 45 C.F.R. § 164.501.
- j. **HHS** shall mean the U.S. Department of Health and Human Services.
- k. **HIPAA Privacy Rule** shall mean the regulations and applicable subparts found at 45 C.F.R. Parts 160 and 164, as may be amended from time to time.
- l. **HIPAA Security Rule** shall mean the regulations and applicable subparts found at 45 C.F.R. Parts 160 and 164, as may be amended from time to time.
- m. **Protected Health Information or PHI** shall mean information defined in 45 C.F.R. §160.103 that is created, received, accessed, transmitted, stored, used, disclosed or maintained in any form or medium by Business Associate on behalf of Covered Entity.
- n. **Required by Law** shall have the meaning given to that term at 45 C.F.R. § 164.103.
- o. **Security Incident** shall have the meaning given to that term at 45 C.F.R. § 164.304.

## 2. Use and Disclosure of PHI.

- a. Except as otherwise provided in this Addendum, Business Associate may create, maintain, receive, transmit, store, use or disclose PHI as reasonably necessary to provide the services described in the underlying Service Agreement, or as otherwise permitted or required of Business Associate by this Addendum or as Required by Law.
- b. Except as otherwise limited by this Addendum, Business Associate may perform Data Aggregation services relating to the health care operations for Covered Entity to the extent such services are required in the Services Agreement.
- c. Except as otherwise limited by this Addendum, Covered Entity authorizes Business Associate to use the PHI only as necessary to provide the Services and in compliance with each applicable requirement of 45 C.F.R. § 164.504(e) or as otherwise required by law.

- d. Business Associate may disclose PHI for its proper management and administration or to carry out its legal responsibilities, provided that (i) such disclosures are Required by Law; or (ii) Business Associate obtains, in writing, prior to making any disclosure to a third party (a) reasonable assurances from such third party that the PHI will be held confidential as provided under this Addendum and used or further disclosed only as Required by Law or for the purpose for which it was disclosed to such third party; and (b) an agreement from such third party to notify Business Associate immediately of any potential breaches of the confidentiality of the PHI or Breach of Unsecured PHI.
- e. Business Associate shall not be allowed to use PHI to create de-identified PHI and shall not be allowed to disclose de-identified PHI, unless for the benefit of Covered Entity and unless expressly allowed by the Service Agreement.
- f. Business Associate agrees to comply with 45 C.F.R. § 164.502 and agrees not to sell PHI (including, but not limited to, patient email addresses or other demographic/financial information), limited data sets (as defined by the HIPAA Privacy Rule) or De-identified PHI to any third party.
- g. Upon request, Business Associate shall make available to Covered Entity (or other designee) any of Covered Entity's PHI or PHI related to the Agreement that Business Associate, or any of Business Associate's agents or subcontractors, have in their possession in the time, format and manner required by Covered Entity at no additional cost to Covered Entity.
- h. Business Associate agrees to comply with HIPAA minimum necessary requirements at 45 C.F.R. § 164.502(b), as may be amended from time to time.
- i. To the extent the Business Associate is to carry out one or more of Covered Entity's obligation(s) under Subpart E of 45 C.F.R. Part 164, Business Associate agrees to comply with the requirements of Subpart E that apply to the Covered Entity in the performance of such obligation(s).

### **3. Safeguards Against Misuse of PHI.**

- a. Business Associate agrees to maintain policies and procedures to comply with HIPAA, to train its workforce on such policies, and to document such compliance, to the extent required by HIPAA. Business Associate agrees to maintain documentation as required by law. Business Associate shall use appropriate safeguards to prevent the use or disclosure of PHI other than as provided by this Addendum and in compliance with HIPAA. Business Associate specifically agrees to comply with the HIPAA Privacy Rule, the HIPAA Security Rule and the Breach Notification Rule that are directly applicable to Business Associate.
- b. Business Associate agrees to use appropriate safeguards to comply with 45 C.F.R. Part 164 Subpart C with respect to Electronic PHI to prevent the use or disclosure of Electronic PHI, other than as provided for by this Addendum. Business Associate represents and certifies that it has conducted a HIPAA Security Rule risk analysis and has taken appropriate measures to assess and manage security risks. Business Associate agrees to take reasonable steps to ensure that the

- actions or omissions of its workforce or agents or subcontractors do not cause Business Associate to breach the terms of this Addendum.
- c. Business Associate agrees to secure and destroy PHI in compliance with the safe harbors set forth in HHS Guidance “Specifying the Technologies and Methodologies that Render PHI Unusable, Unreadable, or Indecipherable,” as may be amended from time to time and HHS Certified Electronic Records Technology Standards, Implementation Specifications and Certification Criteria at 45 C.F.R. part 170.210.
4. **Overseas Data and Cloud Computing.** Business Associate agrees not to create, receive, maintain, transmit, use, disclose, access, store or otherwise outsource PHI physically outside of the United States of America. Business Associate agrees not to use cloud computing models, without executing with the cloud vendor a HIPAA-compliant Business Associate Agreement/Addendum containing substantially the same terms as this Addendum.
5. **Monitoring and Reporting Disclosures and Breaches of PHI.** Business Associate agrees to and represents and warrants that it will exercise reasonable diligence to detect a Breach of Unsecured PHI through appropriate monitoring techniques. Business Associate shall report to Covered Entity's Privacy Officer any potential Breach of Unsecured PHI. Specifically, Business Associate shall report to Covered Entity in writing any unauthorized use or disclosure of PHI, including but not limited to the following: (1) any Security Incident involving Electronic PHI of which it becomes aware, and/or (2) any potential Breach of Unsecured PHI. Business Associate agrees to report any such unauthorized use or disclosure within twenty-four (24) hours of becoming aware of such use or disclosure and agrees to provide such report in the manner and with the content required by HIPAA and Covered Entity. Business Associate agrees that it shall be the sole decision of Covered Entity to correspond with or notify individuals regarding potential or actual Breaches of Unsecured PHI, unless Covered Entity directs Business Associate to make such correspondences or notices. Covered Entity reserves the right to direct Business Associate to notify individuals at Business Associate's expense of a Breach of Unsecured PHI that occurs as the result of Business Associate's actions or omissions.
6. **Mitigation of Disclosures of PHI.** Business Associate shall mitigate, to the greatest extent practicable, any harmful effect that is known to Business Associate of any use or disclosure of PHI by Business Associate or its agents or subcontractors in violation of the requirements of this Addendum.

**7. Agreements with Agents or Subcontractors.** Business Associate shall ensure that any of its agents or subcontractors that use, disclose, create, receive, maintain, transmit, or have access to PHI agree in writing to comply with HIPAA, this Addendum and other applicable law prior to use/disclose of PHI to such agent/contractor.

**8. Access to PHI by Individuals.**

- a. Upon request, Business Associate agrees to furnish Covered Entity, at no additional cost, with PHI maintained in a Designated Record Set in the time, manner, form and format (including an electronic copy) requested by Covered Entity to allow Covered Entity to comply with 45 C.F.R. § 164.524 and to comply with Covered Entity's meaningful use of certified electronic health record technology HITECH Act obligations (as may be amended from time to time).
- b. In the event any individual (or individual's personal representative) requests access to the individual's PHI directly from Business Associate, Business Associate shall forward such request to Covered Entity within twenty-four (24) hours of receipt, unless the Service Agreement directs otherwise. Business Associate shall respond to the individual's request only upon direction by Covered Entity or if required by the Service Agreement. The decision to disclose PHI requested by an individual or a personal representative shall be determined solely by the Covered Entity unless access response is delegated to Business Associate by the terms of the Service Agreement.

**9. Amendment of PHI.**

- a. Upon request by Covered Entity, Business Associate shall amend PHI about an individual in a Designated Record Set that is maintained by, or otherwise within the possession of, Business Associate in the manner and time frame to allow Covered Entity to comply with 45 C.F.R. § 164.526 and to comply with Covered Entity's meaningful use of certified electronic health record technology HITECH Act obligations (as may be amended from time to time) at no additional cost to Covered Entity.
- b. In the event any individual (or individual's personal representative) requests that Business Associate amend such individual's PHI in a Designated Record Set, Business Associate shall forward such request to Covered Entity within twenty-four (24) hours of receipt. Any amendment of, or decision not to amend, the PHI as requested by an individual shall be determined by Covered Entity, unless amendment response is delegated to Business Associate by the terms of the Service Agreement.

**10. Accounting of Disclosures.**

- a. Business Associate shall make available information related to such disclosures as would be required for Covered Entity to respond timely to a request for an accounting of disclosures pursuant to 45 C.F.R. § 164.528 and to comply with Covered Entity's meaningful use of certified electronic health record technology HITECH Act obligations (as may be amended from time to time).
- b. Business Associate shall document any disclosures of PHI made by Business Associate, in the same manner required of Covered Entity by 45 C.F.R. § 164.528. Business Associate hereby agrees to implement an appropriate recordkeeping system to enable it to comply with the requirements of this Section. Business Associate agrees to retain such records for a minimum of six (6) years.
- c. Business Associate shall furnish to Covered Entity (or to the individual requestor only upon Covered Entity's direction) information collected in accordance with this Section, in the time and manner designated by Covered Entity, to permit Covered Entity to comply with 45 C.F.R. § 164.528 (as may be amended from time to time).
- d. In the event an individual delivers a request for an accounting directly to Business Associate, Business Associate shall within twenty-four (24) hours forward such request to Covered Entity. Covered Entity shall receive request and shall determine the manner for preparing and delivering any accounting requested, unless response to requests for accountings of disclosures is delegated to Business Associate in the Service Agreement.

**11. Request for Restrictions/Confidential Communications.** Upon notice by Covered Entity, Business Associate agrees to comply with any restriction to the use or disclosure of PHI or confidential communications that Covered Entity has agreed to in accordance with 45 C.F.R. § 164.522(a) and (b), or as otherwise required of Covered Entity by HIPAA.

Further, Business Associate agrees to comply with an individual's request for restriction of disclosure to the individual's health plan for purposes of payment or health care operations, if the PHI to be disclosed pertains solely to a health care item or service for which a Covered Entity has been paid out of pocket in full.

**12. Availability of Books and Records.** Business Associate shall make available its internal practices, books, agreements, records, and policies and procedures relating to the use and disclosure of PHI, upon request, to HHS for purposes of determining compliance with HIPAA and this Addendum. Notwithstanding the foregoing, prior to any such disclosure to HHS or any other federal or state agency, Business Associate shall notify Covered Entity immediately of such request and shall furnish Covered Entity with copies of such request and Business Associate's response. Covered Entity and Business Associate agree to work together in responding to such request.

**13. Term and Termination.**

- a. This Addendum shall become effective on the Effective Date and shall continue in effect until all obligations of the Parties have been met under the Agreement and under this Addendum.
- b. Covered Entity may terminate immediately this Addendum, the Agreement, and any other related agreements if Covered Entity makes a determination that Business Associate has breached a material term of this Addendum. Covered Entity has a right, in its sole discretion, to allow Business Associate to cure such material breach and continue under the terms of the Agreement and Addendum if Covered Entity deems appropriate.
- c. Upon termination of the Agreement for any reason, all PHI maintained by Business Associate shall be returned to Covered Entity (or other party upon Covered Entity's direction) by Business Associate in the manner and format required by Covered Entity at no additional cost to Covered Entity. Business Associate shall not retain any copies of such information, unless instructed by Covered Entity or required by the Service Agreement. This provision shall also apply to PHI in the possession of Business Associate's agents and subcontractors. If return of the PHI is not feasible, Business Associate shall furnish Covered Entity notification, in writing, of the conditions that make return infeasible. Upon sole determination by Covered Entity that return or destruction of the PHI is infeasible, Business Associate agrees to extend the protections of this Addendum and all rights/obligations under this Addendum at no additional cost for as long as Business Associate retains such information and agrees to limit further uses and disclosures. This Section shall survive any termination of this Addendum.

#### **14. Miscellaneous Terms**

- a. Effect of Addendum. This Addendum is a part of and subject to the terms of the Agreement, except that to the extent any terms of this Addendum conflict with any term of the Agreement, the terms of this Addendum shall govern (1) unless otherwise stated in this Addendum, or (2) unless the Service Agreement or federal or state law is more stringent with regard to Business Associate's obligations; in which case, the more stringent law/contract term shall control. In the event of inconsistency between the provisions of this Addendum and mandatory provisions of HIPAA, as amended, or their interpretation by any court or regulatory agency with authority over either Party hereto, HIPAA, as interpreted by such court or agency, shall control. Where the provisions of this Addendum are different than those mandated by HIPAA, but are nonetheless permitted by such HIPAA Privacy Rule, Security Rule, and Breach Notification Rule as interpreted by courts or agencies, the provisions of this Addendum shall control.
- b. Except as expressly stated herein or as provided by law, this Addendum shall not create any rights in favor of any third party.
- c. No Agency Relationship. Parties expressly agree and assert that no agency relationship is created by this Addendum or the Service Agreement with regard to Business Associate's HIPAA obligations. Parties agree that each individual Party shall maintain its own independent HIPAA compliance obligations. Parties will be providing their services as separate legal entities and independent contractors.

Business Associate acknowledges that any Breaches of Unsecured PHI shall be considered to be independent acts or omissions by Business Associate and beyond the scope of work/duties anticipated by Covered Entity for the Service Agreement; any uses or disclosures of PHI not in compliance with the de-identification, marketing and sale of PHI prohibitions of this Addendum and/or in violation of the minimum necessary standards or other HIPAA violations shall not be anticipated by Covered Entity, and as such, Business Associate shall not be authorized to act as Covered Entity's agent in this regard. Covered Entity reserves the right to argue no agency relationship existed for any/all acts/omissions of Business Associate.

- d. **Indemnification.** Business Associate hereby agrees to indemnify, defend, and hold harmless Covered Entity, its officers, employees, and agents from and against any and all claims, losses, damages, costs, expenses, liabilities, assessments, judgments, administrative fines or deficiencies of any nature whatsoever, including, without limitation, reasonable attorneys' fees and other costs and expenses, suits, actions, or proceedings, which may arise out of, result from, or constitute any Breach of any Unsecured PHI, or breach of contract, representation, warranty, or covenant contained in this Addendum. Business Associate further agrees to indemnify and hold harmless Covered Entity from any liability for claims for damages or injury against Covered Entity that are caused by or result from negligent acts or omissions by Business Associate in the performance of its HIPAA duties and obligations, together with all costs and expenses, including reasonable attorneys' fees.
- e. **Insurance.** Business Associate agrees to maintain and warrants and represents that it does maintain cyber security and privacy or other liability insurance to cover expenses (including but not limited to Breach of Unsecured PHI notification expenses, fraud alert expenses, mitigation of damages expenses, consultant fees, investigation/litigation costs, legal costs, etc.) associated with a Breach of Unsecured PHI and other HIPAA or state law privacy/security breaches or violations. Business Associate shall provide proof of such insurance upon request.
- f. **Marketing and Fundraising.** Business Associate agrees to comply with the HIPAA requirements and prohibitions applicable to covered entities regarding marketing and fundraising, including any opt-out, notice and authorization requirements.
- g. **Representation and Warranty.** Business Associate represents and warrants that it is in compliance with the regulatory requirements of this Addendum and the HIPAA Privacy Rule, Security Rule and Breach Notification Rule. Business Associate expressly acknowledges that it will be subject to the Enforcement Rule and both criminal and civil penalties for violations of this Addendum or HIPAA by Business Associate and potentially by Business Associate's subcontractors, among other penalties that maybe applicable under the law.
- h. **Regulatory References.** A reference in this Addendum to a section in HIPAA shall mean a reference to the provision as in effect or as amended.
- i. **Notices.** All notices, requests and demands or other communications to be given hereunder to a Party shall be made via first class mail, registered or certified or express courier to such Party's address given below, and/or via email to the email addresses listed below:

Memphis Speech & Hearing Center  
4055 N Park Loop  
Memphis, TN 38152  
Telephone: 901-678-5800  
Fax: 901-525-1282  
Attn: Jennifer Taylor, Au.D.

*Covered Entity*

With Copy To:

Canty Robbins, Director  
Procurement & Contract Services  
115 Administration Building  
Memphis, TN 38152

*Business Associate*

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- j. Amendments; Waiver. Except as otherwise provided herein, this Addendum may not be modified, nor shall any provision be waived or amended, except in writing duly signed by authorized representatives of the Parties. The Parties agree to modify this Addendum as necessary to comply with HIPAA or other legal or contractual obligations. A waiver with respect to one event shall not be construed as continuing, or as a bar to or waiver of any right or remedy as to subsequent events.
- k. Applicable Law. This Addendum will be governed by and construed in accordance with the laws of the State of Tennessee (excluding its choice of law rules).

In Witness Whereof, this Addendum is executed by the Parties as of the Effective Date.

**Memphis Speech & Hearing Center:**

Name: \_\_\_\_\_

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

Title: \_\_\_\_\_

**Business Associate:**

Name: \_\_\_\_\_

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

Title: \_\_\_\_\_

## **APPENDIX E**

### **MSHC Confidentiality and Destruction Statement**

Unless otherwise specifically indicated, the information contained in this transmission is privileged and confidential. It is intended only for the use of the person(s) to whom this message is addressed. You are notified that the disclosure, copying, use, or distribution of this information is **STRICTLY PROHIBITED**. If you have received this transmission in error, please notify us immediately by telephone to arrange for the return of the transmitted information or to verify the destruction of the information.

Protected Health Information is personally sensitive. It is being faxed to you after appropriate authorization from the patient has been received or through appropriate state and federal laws and regulations that do not require patient authorization. You, the recipient, are obligated to maintain this information in a safe, secure, and confidential manner.

## **APPENDIX F**

## **NOTICE OF PRIVACY PRACTICES**

**Memphis Speech & Hearing Center  
and  
School of Communication Sciences and Disorders  
at the University of Memphis  
4055 North Park Loop  
Memphis, TN 38152**

**NOTICE OF PRIVACY PRACTICES**  
**Effective Date: September 1, 2020**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT  
YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET  
ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**Persons/Entities Covered By This Notice**

This Notice applies to all employees, staff, faculty, and student trainees of the Memphis Speech & Hearing Center and the School of Communication Sciences and Disorders, located in the Community Health Building on the University of Memphis Park Avenue Campus.

**Routine Uses and Disclosures of Your Information**

We typically use or share your health information in the following ways:

- **For Treatment** - We may use your health information and share it with other professionals who are treating you.  
*Example: We may share information about the treatment you receive at the Memphis Speech & Hearing Center with your primary care provider in order to coordinate care.*
- **For Payment** – We may use your health information to bill and receive payment from your health plan.  
*Example: We may have to submit information regarding your health status, diagnostic testing or evaluation, or therapy notes to your insurance company to justify the medical necessity of services or medical equipment.*
- **For Health Care Operations** -- We may use and share your health information to run the Center, improve efficiency, and contact you when necessary.  
*Example: We may use your PHI to evaluate the quality of care you receive from us, to train our students, or to make business plans for the Center. We may use information about you to determine if there are other services that we might offer in the Center.*

**Other Uses and Disclosures of Your Information**

We may also use or disclose your health information for the following purposes if the situation arises:

- **Health Services, Products, Treatment Alternatives and Health-Related Benefits –** We may use or disclose your health information to offer other health-related products, benefits, or services that may be of interest to you. We may recommend alternative treatments, therapies, providers, or settings of care.
- **Appointment Reminders –** We may use your medical information to contact and remind you of an appointment.
- **Individuals Involved in Your Care or Payment for Your Care –** We may share information with a friend or family member who helps take care of you, if you have told us it is ok to do so. We may share information with someone who pays for your care.
- **Personal Representative --** If you have a durable power of attorney for healthcare, please provide us with a copy of the legal document granting authority to your personal representative/medical decision-maker so that we will know your wishes. If you have a legal guardian, please provide us with the legal documents that designate the person as your legal guardian and explain the person's authority.
- **Minors –** If the client is a minor (under 18 years old), we will follow state laws regarding when the minor may seek care without the consent of a parent or guardian and whether the record of care requires the minor's authorization to be released to a parent or guardian.
- **Research –** Being an educational institution involved in teaching and research, we may use your PHI for research purposes if the research project has been approved by an Institutional Review Board, whose role is to ensure the research has a plan to ensure appropriate protections for the data being used. Additionally, we may use your contact information to contact you about possible participation in research projects as a research participant, unless you opt-out of being included in our research pool.
- **Fundraising –** We may use and disclose certain demographic information about you, such as name, address, telephone, number, age, and gender to help raise money for our Center. This fundraising may be done by the Board of Directors for the Center or by the University of Memphis Foundation. You have the right to opt-out of receiving fundraising requests. If you do not want to be contacted about fundraising, please contact either of the Co-Privacy Officers (phone numbers listed below) or by email to: [mshadmin@memphis.edu](mailto:mshadmin@memphis.edu).
- **Required by Law --** We may share information about you if federal, state or local laws require it. This includes sharing information with the U.S. Department of Health and Human Services to demonstrate we are complying with federal privacy law.
- **Public Health Risks –** We may disclose your medical information (including test results) for public health purposes, such as:
  - To a public health authority to prevent or control communicable diseases, injury, or disability
  - To report child, elder or adult abuse, neglect, or domestic violence
  - To report to the FDA or other authority, reactions to medications or problems with medical products
  - To notify someone who may have been exposed to a disease or may be at risk for getting or spreading a disease or condition

- **Health Oversight Activities** – We may disclose your medical information to a federal or state agency for health oversight activities, such as audits, investigations, inspections, or licensure of our medical office and the providers who treated you.
- **Law Enforcement** – We may disclose limited medical information upon the request of a law enforcement official conducting an investigation. We may also disclose medical information if needed to report a crime on our premises.
- **Serious Threat to Health or Safety** – We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person.
- **Worker's Compensation** – We may disclosure your medical information for worker's compensation or similar programs that provide benefits for work-related injuries or illness.
- **Military and Veterans** – If you are a member of the U.S. or foreign armed forces or a veteran, we may release your medical information as required by military command authorities.
- **National Security** – We may disclose your medical information to authorized federal officials for national security activities authorized by law.
- **Protective Services** – We may disclose your medical information to authorized federal officials so they may provide protection to the President of the United States and other persons under their protection.
- **Lawsuits and Disputes** – We may use or disclose your medical information to defend the clinic or a provider who treated you if you bring a legal action against the clinic or a provider who treated you. We may also disclose your medical information to respond to a court or governmental agency request, order, or search warrant or in response to a subpoena, discovery request, or other lawful process by another party to a legal dispute, if certain steps have been followed to make you aware of the subpoena or discovery request.

## **Your Rights**

**When it comes to your health information, you have the following rights:**

- **Right to Receive a Copy of Your Medical Information** -- You can ask to see or get a copy or a summary (in paper or electronic format) of your medical record and billing information that we maintain in a designated record set. Ask us how to do this. You can be denied the right to obtain a copy of your record only in certain, limited circumstances. And, you may have the right to ask us to reconsider the denial, depending upon the reason for the denial. Your rights will be explained to you if your request for access is denied.
  - You will be provided with a copy or a summary of your health information, usually within 10 days of your request. We may charge a reasonable, cost-based fee.
- **Right to ask us to Correct/Amend Your Medical Record** -- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do

this. We may deny your request, but we'll tell you why in writing within 60 days and give you an opportunity to respond.

- **Right to Request Confidential Communications** -- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- **Right to Request Restrictions on Using or Sharing Your Information** -- You can ask us not to use or share certain health information in specific ways or with specific people or companies. We may deny your request if it would pose an undue burden on our clinic operations.
- **Right to Restrict Disclosure to Insurance** -- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information with your health insurer. We will agree to your request unless a law requires us to share that information.
- **Right to Obtain an Accounting of Disclosures (List of those with whom we've shared your information)** -- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, to whom we shared it, what was shared, and why.
  - We will include all the disclosures except for those for treatment, payment, and health care operations, and certain other disclosures (such as any you authorized in writing). We'll provide one accounting per year for free, but we will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- **Right to Obtain a Copy of this Privacy Notice** -- You can ask for a paper copy of this Privacy Notice at any time, even if you have agreed to receive an electronic version.
- **Right to File a Complaint if You Feel Your Rights Are Violated**
- You can complain if you feel we have violated your rights by contacting a clinic Privacy Officer listed below.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Room 509F HHH Bldg, Washington, D.C. 20201 or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- **We will not retaliate against you for filing a complaint.**

## **Our Responsibilities**

- **We are required by law to maintain the privacy and security of your protected health information.**
- **We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.**
- **We must follow the duties and privacy practices described in the Notice of Privacy Practices currently in effect.**
- **We will provide you with a copy of the Notice of Privacy Practices upon your first visit to our office and at any other time upon request.**

- **We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.**

### **Changes to the Terms of this Notice**

We reserve the right to change the terms of this notice. The changes will apply to all information we have about you. The new notice will be posted in the Center, with copies available upon request, and posted on our web site.

### **Privacy Officers**

Please contact either Jennifer Taylor or Eileen Smith at either 901-678-2009 or 901-678-5858.

### **Relationship to Methodist Le Bonheur Healthcare**

Memphis Speech and Hearing Center is a partner clinic of Methodist Le Bonheur Healthcare. Methodist Le Bonheur Healthcare provides medical record management and billing services to the Memphis Speech and Hearing Center. The Notice of Privacy Practices for Methodist Le Bonheur Healthcare is available at <https://www.methodisthealth.org/about-us/legal/methodist-healthcare-privacy-practices.dot>

## Appendix G

## **Accounting of Disclosures Log**

***This record must be maintained for a minimum of 6 years from the date of the last accounting.***

V02/01/2016

## **APPENDIX H**

### **ACKNOWLEDGEMENT OF RECEIPT OF HIPAA HANDBOOK**

I, the undersigned, hereby acknowledge receipt of a copy of the HIPAA Handbook for the Memphis Speech and Hearing Center (at the University of Memphis School of Communication Sciences and Disorders). I understand the HIPAA Handbook contains the following:

- Policies and Procedures for complying with the HIPAA Privacy Rule, HIPAA Security Rule, and HIPAA Breach Notification Rule.
- Confidentiality Requirements for handling Protected Health Information (PHI). I understand these confidentiality requirements apply to all patient information, including patient/client visits, professional care, patient/client records, and other health care related information.
- Confidentiality Requirements for additional information related to Memphis Speech and Hearing Center, including, but not limited to the Center's personnel, operational and financial information
- Expectations for how I will handle Protected Health Information (PHI) and other confidential information.
- Expectations for how I will access and use the computer systems made available to me for my work and/or training at the Center, including the requirement to keep my password to myself and to not share it with anyone else.
- Sanctions Policy for consequences if I fail to handle PHI or other confidential information appropriately, violate the rules regarding my access and use of the Center's computer systems, or otherwise fail to comply with the policies and procedures contained in the HIPAA Manual.

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**Signature**

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**Date**

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**Print Name**

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**Position**  
**(Faculty/Staff/Student/Volunteer/Agent)**

*For information on business and HIPAA related to Methodist Le Bonheur Healthcare (i.e. Cerner, billing) see Methodist Le Bonheur Healthcare HIPPA guidelines. If there is any question regarding Methodist Le Bonheur operations please contact the Business Manager for MLH, Sheila Climer, and Jennifer P. Taylor, MSHC.*