



**SALUS UNIVERSITY**

Speech-Language Institute

**Client Handbook  
and  
Consent Agreement**

Thank you for selecting the  
Speech-Language Institute at Salus University  
to assist you with your needs.

Supervisor's Name: \_\_\_\_\_

Supervisor's Phone Number: \_\_\_\_\_

Supervisor's Email: \_\_\_\_\_

Clinical Director: Kara Maharay, MS, CCC-SLP, BCS-S

Director's Phone Number: 215-780-1377

Director's Email: [kmaharay@salus.edu](mailto:kmaharay@salus.edu)

Student's Name: \_\_\_\_\_

**The Department of Speech-Language Pathology and the Speech-Language Institute at Salus University evaluates and treats children and adults regardless of income, race, color, religion, national and ethnic origin, gender, sexual orientation, age or disability.**

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### **PLEASE NOTE:**

**YOUR SIGNATURE ON THE SEPARATE  
*CONSENT FOR EVALUATION AND TREATMENT*  
FORM INDICATES THAT YOU HAVE READ THE CONTENTS  
OF THIS AGREEMENT AND AGREE TO ITS TERMS.**

# **SPEECH-LANGUAGE INSTITUTE AT SALUS UNIVERSITY**

## **WELCOME!**

We wish you a warm welcome to the Speech-Language Institute (SLI) at Salus University! SLI provides a broad range of speech, language and swallowing services to our clients. This document contains important information about professional services and business policies.

## **GRADUATE TRAINING FACILITY**

The Speech-Language Institute (SLI) is a training facility for the graduate program in Speech-Language Pathology at Salus University. The client's clinician is a speech-language pathologist (SLP) licensed by the Commonwealth of Pennsylvania and certified by the American Speech-Language Hearing Association (ASHA) who will be supervising a student in the graduate program. Questions regarding evaluations and treatment should be directed to the student first but also the SLP supervisor or the Clinical Director.

Because the clinic is a training facility, SLI depends on various supervisory tools, including audio/video recordings and observation. All sessions may be recorded and/or observed. These recordings are used for supervision and training and are only viewed by the student, his/her supervisor, and other graduate students in training. Typically, recordings are erased after use. All student and supervisors are bound by the same level of privacy and confidentiality as the supervisors and other professionals.

## **SPEECH-LANGUAGE SERVICES**

SLI offers speech-language screenings, basic evaluations and comprehensive evaluations. Treatment is offered on a semester-by-semester basis, based upon space and clinician availability. Frequency and duration of treatment sessions will be determined based on formal and informal assessments. It will also be determined in individual and/or group intervention is warranted. Therapy sessions may be scheduled from 30 to 60 minutes and are typically held once or twice a week. Some sessions may be scheduled on a monthly or bi-weekly basis as appropriate. Parents/caregivers maybe invited to observe the treatment session, when appropriate; this offers opportunities for discussion and parent/caregiver education.

Graduate students and SLP supervisors develop treatment goals and objectives with input from clients and caregivers as appropriate. The student consults with the supervisor to choose methods and techniques considered to be the most beneficial for the client, and changes or adapts them as needed. Clients and caregivers are informed of treatment goals and objectives within several weeks of the initiation of treatment. A summary of progress for each semester will also be generated.

Regular attendance for therapy sessions is important for progress. Regular practice of skills or exercises as assigned is essential to progress as well. Clients and/or caregivers are responsible for attending therapy sessions regularly and completing assignments. If progress is impeded by irregular attendance or lack of participation over the course of a semester, the supervisor or Clinical Director may recommend discharge from services.

It is helpful to arrive for the appointment 10 minutes before the session begins to take care of any administrative or business matters.

## **CONTACTING SLI AND THE CLINICIAN**

The telephone numbers for SLI are on the inside covers of this document. Graduate students and supervisors may often not be immediately available by telephone. SLI is open Monday-Friday with a receptionist answering the phone during regular clinic hours. If, for some reason the call is answered by voicemail, please leave the client's full name, a phone number where the client may be reached, the name of the SLP supervisor and/or student, and the reason for the call. Someone will return the call as soon as possible during regular clinic hours. The client may also contact the SLP supervisor via email, with the understanding that this may only be checked once daily.

## **CLINIC CLOSING**

In the event of severe or inclement weather, SLI follows the delays and closings issued by Salus University. Delays and closings are usually announced on television and radio stations as well as on the university's website (<http://www.salus.edu>). In the event of a delay or a closing, a message indicating our status will be left on our answering machine.

## **CANCELLATIONS AND NO-SHOWS**

We realize that everyone has concerns in their life that need to take priority; however, we are also aware that for treatment to be effective sessions need to be attended on a regular basis. Clients may be discharged from therapy if more than 3 sessions in a 3 month period of time cancelled or not attended (i.e. no show) for an unknown reason.

Clients may be considered again for treatment after discharge and return to SLI for continued treatment after completing the registration process again but may have to wait for an opening. Please notify the student and SLP supervisor in advance if the

client is going to miss a session due to vacation, business, or any other event that will interrupt a planned treatment session.

## **CLIENT BILL OF RIGHTS**

### *Clinic Responsibilities:*

As a client of the Department of Speech-Language Pathology, you can expect:

1. To be treated with consideration and respect regardless of age, race, gender, religion, national origin, sexual orientation, or physical or mental disability, in a safe setting.
2. Confidentiality and privacy regarding all communications and records about your care.
3. Information you can understand on your condition, treatment, and progress.
4. To make informed decisions about your care before and during treatment, including information about your options, risks and benefits, possible outcomes, possible side effects, who is providing your care, and any costs.
5. The option to refuse recommended care or treatment.
6. That if you are provided with the opportunity to participate in research studies, you will also be provided your informed consent regarding participation.
7. An opportunity to examine and/or receive an explanation of your bill and medical record.
8. The freedom to express concerns and/or complaints and to receive a prompt response.

### *Client Responsibilities:*

As a client of the Department of Speech-Language Pathology, you are expected to:

1. Consider the rights of others and treat them with respect.
2. Provide accurate and complete information about your medical history, present condition and any other matters that pertain to your health.
3. Ask for clear explanations and make informed decisions about your care and treatment.
4. Follow your recommended treatment plan and to keep appointments, be on time for your appointments, and call as soon as possible if you are unable to keep your scheduled appointments.
5. Express concerns or complaints if you feel your rights have not been properly respected.

## **CLIENT CONDUCT**

SLI is a professional environment and we therefore have some expectations for our clients' and visitors' conduct while at SLI. Failure to adhere to these expectations may be grounds for immediate dismissal from SLI.

*Dress Policy:* We request that our clients and visitors dress appropriately and respectfully. Shirts and shoes must be worn by all clients and their family members/significant others while in SLI.

*Waiting Area Policy:* Minor siblings of clients may not be left unattended in the waiting areas at any time. If minor siblings are consistently disruptive, we reserve the right to ask parents to no longer bring them to SLI.

*Drugs and Alcohol:* SLI maintains a zero tolerance policy for illicit drugs and alcohol. Clients and visitors who bring illicit drugs or alcohol into SLI will be asked to leave immediately and may be considered for dismissal from SLI.

*Violence and Weapons:* Violence will not be tolerated at SLI. If a client exhibits violent behaviors (e.g., throwing things, breaking objects, intimidating words/actions) or indicates the potential for imminent violence, he/she will be directed to leave SLI. If it is determined by the supervisor that client behavior is not manageable in this setting, the client may be immediately dismissed from therapy.

SLI maintains a no-weapons policy. Clients and visitors who bring a weapon will be directed to immediately leave SLI. Clients and visitors who are required by their occupation to carry a weapon will be asked to leave the weapon in their car, at home or another safe place outside of SLI.

Clinicians and staff of SLI reserve the right to notify Salus University security and/or the Cheltenham Township Police should they feel that a client or visitor poses an immediate threat to himself or others.

## **RESEARCH**

SLI is also a research facility for the clinical faculty and graduate students of Salus University. We conduct research to contribute to the scientific research literature on health care and education. All research conducted at SLI must first be approved by Salus University's research review committee to ensure that it adheres to the highest principles of ethical research. To be included, clients must consent to participate in these studies and will be fully informed of their involvement and the expectations. All research projects protect the client's anonymity by coding or otherwise deleting any information that would identify him/her specifically (i.e., by "de-identifying" individual records or reporting aggregate results). Moreover, the way that results of research are reported in the scientific literature protects anonymity in that it reports the finding of a group rather than any one individual.

## **INSURANCE**

SLI does not bill insurance companies directly; the client is responsible for payment of all fees, as applicable. If the client has insurance, SLI can provide the necessary documentation to submit along with the insurance claim forms for any eligible reimbursement.

## **QUALITY ASSURANCE**

SLI monitors satisfaction and progress while a client at SLI. Clients will be asked to complete surveys on a regular basis. These are very brief questionnaires that take a few minutes to complete. Information from the surveys will be used to ensure the quality of treatment, and may be used to report to agencies on the quality and progress of SLI's overall treatment. The client's name or any other identifying information is never included in these reports.

## **PROFESSIONAL RECORDS**

Clients should be aware that SLI keeps protected health information about them in a Medical Record. It includes information about reasons for seeking therapy, a description of the ways in which the problem impacts life, diagnosis, the goals that are set for treatment, progress towards those goals, medical and social history, treatment history, any past treatment records that we receive from other providers, reports of any professional consultations, billing records, signed authorizations, and any reports that have been sent to anyone, including reports to an insurance carrier. Except in unusual circumstances that disclosure is reasonably likely to be injurious to him/herself or any other person, clients may examine and/or receive a copy of their Medical Record, if the request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, SLI recommends that clients initially

review them with the supervisor or the Clinical Director to discuss the contents.

## **LIMITS ON CONFIDENTIALITY**

The law protects the privacy of all communications between a client and a healthcare provider. In most situations, SLI can only release information about treatment to others if the client signs a written Authorization Form that meets certain legal requirements imposed by Health Insurance Portability and Accountability Act (HIPAA) and/or Pennsylvania law. However, in the following situations, no authorization is required:

- Clients should be aware that SLI employs administrative staff. In most cases, SLI needs to share protected information with these individuals for both clinical and administrative purposes, such as scheduling, billing and quality assurance. All professionals are bound by the same rules of confidentiality; all have been given training about protecting client privacy and have agreed not to release any information outside of SLI without specific authorization.
- If a government agency is requesting the information for health oversight activities, SLI may be required to provide it for them.
- If a client files a complaint or lawsuit against any personnel of the clinic, SLI may disclose minimum relevant information regarding that client in order to defend SLI.
- On some occasions SLI records are audited to ensure that staff are adhering to the highest standard of client care; auditors agree to protect anonymity and privacy.

There are some situations in which we are legally obligated to take actions which we believe are necessary to attempt to protect others from harm. These situations are unusual in our practice.

But, in doing so, we may have to reveal some information. These situations are:

- If we have reason to believe that a child or vulnerable adult has been subjected to abuse or neglect or that a vulnerable adult has been subjected to self-neglect, or exploitation, the law may require that we file a report with the appropriate government agency, usually the local office of the Department of Public Welfare. Once such a report is filed, we may be required to provide additional information.
- If we know that a client has a propensity for violence and the client indicates that he/she has the intention to inflict imminent physical injury upon a specified victim(s), we may be required to take protective actions. These actions may include establishing and undertaking a treatment plan that is calculated to eliminate the possibility that the client will carry out the threat, seeking hospitalization of the client and/or informing the potential victim or the police about the threat.
- If we believe that there is an imminent risk that a client will inflict serious physical harm or death on him/herself, or that immediate disclosure is required to provide for the client's emergency health care needs, we may be required to take appropriate protective actions, including hospitalization and/or notifying family members or others who can protect the client.

## **MINORS & PARENTS**

Clients under 16 years of age who are not emancipated from their parents should be aware that the law may allow parents to examine their treatment records. While privacy of therapy is very important, particularly with adolescents, parental involvement is also important to successful treatment. It is usually our policy to request an agreement from any adolescent over age 16 and

his/her parents allowing us to share with the parents' general information about the progress of treatment and their adolescent's attendance at scheduled sessions. Any other communication will require the adolescent's authorization, unless we feel that the adolescent is in danger or is a danger to him/herself or someone else, in which case we will notify the parents of our concern. Before giving parents any information, we will discuss the matter with the adolescent, if possible, and do our best to handle any objections he/she may have.

## **NOTICE OF PRIVACY PRACTICES**

SLI does not accept third party payments for services electronically and therefore is not required to comply with the privacy and security provision of HIPAA. SLI has, however, voluntarily chosen to participate in some or all HIPAA requirements, policies or procedures.

**This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

### **I. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

We may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your written authorization. To help clarify these terms, here are some definitions:

“PHI” refers to information in your record that could identify you.

“Treatment” is when we provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when we consult with another

health care provider, such as your family physician or another Speech-Language Pathologist.

“Payment” is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for our health care or to determine eligibility or coverage.

“Health Care Operations” are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

“Use” applies only to activities within the clinic such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

“Disclosure” applies to activities outside of the clinic such as releasing, transferring, or providing access to information about you to other parties.

“Authorization” is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form.

## II. Other Uses and Disclosures Requiring Authorization

We may use or disclose PHI for purposes outside of treatment, payment, or health care operations only when your appropriate authorization is obtained. In those instances when we are asked for information for purposes outside of treatment, payment, or health care operations, we will obtain an authorization from you before releasing this information. Uses and disclosures for which an authorization is required include:

- Marketing- SLI must obtain an authorization for any use or disclosure of protected health information for marketing purposes except if the communication is in the form of a face to face communication made by any SLI student, supervisor or staff member to you, or a promotion gift of minimal or nominal value provided to you by SLI.
- Sale of PHI- SLI must obtain an authorization for any disclosure of protected health information which would amount to sale of protected health information.

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

### III. Uses and Disclosures without Authorization

We may use or disclose PHI amongst the professional and administrative staff of SLI without your consent or authorization. Similarly, we may use or disclose PHI without your consent or authorization in the following circumstances:

**Child Abuse** – If we have reason to believe that a child has been subjected to abuse or neglect, we must report this belief to the appropriate authorities.

**Vulnerable Adult (including Vulnerable Elderly) Abuse** – If we have reason to believe that a vulnerable adult has been subjected to abuse, neglect, self-neglect, or exploitation, we must report this belief to the appropriate authorities.

**Health Oversight Activities** – If we receive a subpoena from the U.S. Department for Health and Human Services Office for

Civil Rights because they are investigating our practice, we must disclose any PHI requested by them.

Judicial and Administrative Proceedings – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law, and we will not release information without your written authorization or a court order. The privilege does not apply when the evaluation is court ordered. You will be informed in advance if this is the case.

Serious Threat to Health or Safety – If you communicate to me a specific threat of imminent harm against another individual or if we believe that there is clear, imminent risk of physical or mental injury being inflicted against another individual, we may make disclosures that we believe are necessary to protect that individual from harm. If we believe that you present an imminent, serious risk of physical or mental injury or death to yourself, we may make disclosures we consider necessary to protect you from harm.

Research – Our practice may use and disclose PHI for research purposes. Personal data will be adequately encoded to ensure your privacy and anonymity.

#### IV. Clients' Rights and Clinician's Duties

##### Client's Rights:

Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information. In general, we are not required to agree to a restriction you request. However, we are required to agree to your request to restrict disclosures of PHI to a health plan for the purposes of carrying out payment or healthcare operations

and PHI pertains solely to a healthcare item or service for which you have paid in full.

**Right to Receive Confidential Communications by Alternative means and Alternative Locations** – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may not want a family member to know that you are seeing me. On your request, we will send your bills to another address.

**Right to Inspect and Copy** – You have the right to inspect or obtain a copy(or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process of PHI.

**Right to Amend** – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. However, you are not required to grant this request as stated. On your request, we will discuss with you the details of the amendment process.

**Right to Accounting** – You have the right to receive an accounting of disclosures of PHI. On your request, we will discuss with you the details of the accounting process.

**Right to a Paper Copy** – You have the right to obtain a paper copy of the notice from us upon request.

### Clinician's Duties:

We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.

We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes; however, we are required to abide by the terms currently in effect.

If we revise my policies and procedures, we will post notification in the waiting area.

We require to notify you following a breach of your unsecured PHI.

You have specific rights under the Privacy Rule. As such, we will not retaliate against you for exercising your right to file a complaint.

### V. Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect on January 1, 2015.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will post notice of a revision in our waiting room and provide you with a copy, if requested.

*Thank you for selecting  
the Department of Speech-Language Pathology  
and the Speech-Language Institute at Salus University  
to assist you with your needs.*

## NOTES

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