TEXAS A&M UNIVERSITY KINGSVILLE

COLLEGE OF ARTS AND SCIENCES

Department of Clinical Health Sciences
MSC 177A • 700 University Boulevard
Kingsville, TX 78363-8202
(361) 593-3493 • Fax (361) 593-3404

Dear Parent or Prospective Client:

Your interest in the services provided at the Communication Sciences and Disorders Clinic at Texas A & M University-Kingsville is greatly appreciated. We are a "not for profit" facility that provides speech and language evaluation and therapy to children and adults. Our facility **does not** bill Medicare, Medicaid, or any third party payers. Special circumstances prevent our clinic from participating in these programs. All services are provided by graduate student clinicians currently enrolled in the Communication Sciences and Disorders program. Their evaluations, treatment plans, and documentation are carefully supervised by certified and licensed Speech-Language Pathologists.

Please take the time to complete the enclosed questionnaire as accurately as possible. Some of the information requested may seem detailed and personal, but every item is of value in allowing us to help you. It is also important to send us reports from physicians, speech and hearing clinics, or other agencies you have consulted regarding the problem. Please complete and return the Case History Form as soon as possible to provide us with a more adequate knowledge of the client and the problem.

On the day of your appointment you will want to arrive a few minutes early in order to pick up a semester parking pass and visit with the clinical staff assigned to the case. The clinic office is located in Manning Hall on the first floor room #108; on the corner of Armstrong and Santa Gertrudis (a campus map is enclosed).

Payment is due at the time of the evaluation unless other arrangements have been made with the clinic. In cases of financial need, the fee may be reduced. If you wish to complete an application for fee reduction, please advise the Sr. Administrative Coordinator or Clinic Director.

If you have any further questions, please feel free to call our clinic at (361) 593-3493.

Sincerely,

Lydia Hernandez MS,CCC-SLP

Lydia Hernandez-Perez
M.S., CCC-SLP
Clinic Director

In compliance with the Title VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and Executive Order 11246, Texas A&M University-Kingsville is open to all persons regardless of race, color, religion, sex, national origin, age or disability who are otherwise eligible for admission as students. A&M- Kingsville does not discriminate on the basis of disability in admission or access to its program.

TEXAS A&M UNIVERSITY KINGSVILLE

PROGRAM IN COMMUNICATION SCIENCES AND DISORDERS
DEPARTMENT OF CLINICAL HEALTH SCIENCES
MSC 177A - 700 University BLVD - KINGSVILLE, TX 78363
Phone (361) 593-3493 - Fax (361) 593-3404

ADULT SPEECH-LANGUAGE CASE HISTORY FORM

General Information

Adults Name: _____ Date of Birth: _____
Address: _____ Phone: _____
City: _____ Zip: _____
Occupation _____ Work Phone: _____
Employer: _____
Referred by: _____ Phone: _____
Address: _____
Family Doctor: _____ Phone: _____
Address: _____
Single _____ Widowed _____ Divorced: _____
Spouse's Name: _____
Children(include names, gender, and ages:

_____
_____
_____
_____

- Who lives in the home?

- What languages do you speak? If more than one, which one is your primary language?

- What was the highest grade, diploma, or degree earned?

- Describe your speech-language problem.

- What do you think may have caused the problem?

- Has the problem changed since it was first noticed?

- Have you seen any other speech-language specialists? Who and when? What were their concerns or suggestions?

- Have you seen any other specialists (physicians, psychologists, neurologists, etc.)? If yes, indicate the type of specialist, when you were seen, and the specialist's conclusions or suggestions.

- Are there any other speech, language, or hearing problems in your family? If yes, please describe.

Medical History

Provide approximate ages at which the adult suffered the following illnesses and conditions:

Adenoidectomy: _____	Allergies: _____	Asthma: _____
Chicken Pox: _____	Colds: _____	Convulsions: _____
Croup: _____	Dizziness: _____	Draining Ear: _____
Ear Infections: _____	Encephalitis: _____	German Measles: _____
Headaches: _____	Hearing Loss: _____	High Fever: _____
Influenza: _____	Mastoiditis: _____	Measles: _____
Otosclerosis: _____	Pneumonia: _____	Seizures: _____
Sinusitis: _____	Tinnitus:	Tonsillectomy: _____
Tonsillitis: _____	Other: _____	

- Do you have any eating or swallowing difficulties? If yes, describe.

- List all medications you are taking.

- Are you having any negative reactions to these medications? If yes, describe.

- Describe any major surgeries, operations, or hospitalizations (include areas)

- Describe any major accidents.

- Provide any additional information that might be helpful in the evaluation or remediation process.

Person completing form: _____

Relationship to adult: _____

Signed: _____ Date: _____

The Texas A&M University-Kingsville CSDO Clinic shall not discriminate on the basis of race, national origin, religion, age, sex, sexual orientation, or handicapping condition.

Person completing form _____

Relationship to Child_____

_____ *Date*_____

Signature

I agree to permit Texas A & M University-Kingsville CSDO graduate students, enrolled in pertinent academic training programs, to participate in the evaluation and/or treatment procedures which will be conducted under the supervision of the faculty of the clinical programs. In addition, I agree to permit the use of closed-circuit television, the taking of photographs or video recordings, audio recordings, or similar graphic material which are to be used for teaching or scientific purposes.

_____ *Date*_____

Signature

I understand that the CSDO Clinic does not accept Medicare, Medicaid clients or file insurance for clinical services. I understand that all charges incurred are my responsibility.

_____ *Date*_____

Signature

CLINICAL POLICY SUMMARY

The following policies have been established by the TAMUK Communication Sciences & Disorders Clinic:

Clients and/or parents are expected to call the clinic at 361-593-3493 or 361-593-3090 on any occasion when they are unable to meet a regularly scheduled appointment. Please be courteous and call as soon as you are aware that an appointment time will not be kept. This allows that time slot and room assignment to be reassigned to another client in need. The therapy program will be terminated after three unexplained, consecutive absences. For ongoing therapy, we expect clients to attend therapy regularly so optimal progress will be made.

Clients are expected to be on time for appointments. If clients arrive late for their appointments, clinicians are only required to see them for the remainder of their scheduled time period (the fee for a full session will be charged.). All clients must be picked up promptly after their sessions. Parents are not to leave campus while the client is in therapy, unless an emergency arises. Clinicians are to wait with their clients until a parent has picked them up. No pediatric client is to leave the clinic unattended.

Information request and release forms must be signed by the client or parent at the time of the initial evaluation or at the beginning of therapy so that we may obtain additional information (reports from physicians, psychologists, educators, etc.), or exchange information with other professionals when appropriate. ALL INFORMATION IS HANDLED CONFIDENTIALLYAND ACCORDING TO HIPAA GUIDELINES/ POLICY.

http://www.hhs.gov/ocr/privacy/hipaa/understanding/index.html

Parents and/or clients are expected to allow other professional persons and students in our training program to observe and discuss, confidentially, the testing and clinical procedures administered to the client. Parents are asked to allow the clinician to make decisions regarding discipline needs during the sessions. Parents (significant others) should not interrupt the session unless an emergency arises and/or they consult with the Clinical Supervisor.

Family participation in the therapy process is encouraged; therefore family members may observe the therapy sessions if they make prior arrangements with the Clinic Supervisor. Due to confidentiality and distraction, young children are discouraged to sit in the observation room.

For an evaluation payment is due at the time services are rendered, however, other arrangements can be made with the clinic secretary. Please present payment in the form of a check or money order. After a reasonable amount of time and appropriate notice, services will be discontinued if payment is not received. Services will be reinstated once payment is received.

I hope that the above information will be helpful to you. At your request, I will be happy to discuss any of our policies with you in more detail.

Lydia Hernandez-Perez, MS, CCC-SLP
Clinic Director

Texas A & M University-Kingsville
Communication Sciences & Disorders Clinic
Privacy Policy

The Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule") established a set of national standards for the protection of certain health information. The U.S. Department of Health and Human Services ("HHS") issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). The Privacy Rule standards address the use and disclosure of individuals' health information – called "covered entities,' as well as standards individuals' privacy rights to understand and control how their health information is used. Within HHS, the Office for Civil Rights ("OCR") had responsibility for implementing and enforcing the Privacy Rule with respect to voluntary compliance activities and civil money penalties.

A major goal of the Privacy Rule is to assure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and wellbeing. The Rule strikes a balance that permits important uses of information, while protecting the privacy of people who seek care and healing. Given that the health care marketplace is diverse, the Rule is designed to be flexible and comprehensive to cover the variety of uses and disclosures that need to be addressed.
U.S. Department of Health and Human Services: www.hhs.gov

This notice describes how medical information about our patients/clients may be used and disclosed and how they can obtain access to this information. Please review it carefully.
Clients who have questions or require additional information should ask the CSDO Office Manager. Clients who have complaints can submit them in writing. The Clinic Director will review the complaint. Clients who have complaints that require immediate attention should ask for the Clinic Director or the Program Director. Clients whose complaints have not been resolved to their satisfaction can address complaints to the Secretary of the United States Department of Health and Human Services. The CSDO Clinic will not retaliate against any individual for filing a complaint.

Terms:
Any medical information, which could in any way identify an individual client, is considered Protected Health Information (PHI). PHI will be used and disclosed only as needed for the Speech and Hearing Clinic to perform continuity of care regarding Treatment, Payment and Health Care Operations (TPO). Any other disclosure will require the written authorization of the client. In general, use or disclosure of PHI for purposes other than treatment, or a disclosure requested by the client, is limited to the Minimum Necessary to accomplish the intended purpose.

Access:
The following people will have access to PHI:

- The client.
- Any person to whom the client has authorized in writing the release of information.
- CSDO Clinic staff who are involved in providing care to the client will have access as indicated below:
  - Audiologists, speech/language pathologists, speech/language supervisors, faculty and student clinicians (graduate and undergraduate).
  - Secretarial staff needs access to the entire medical record in order to file all components of the chart.
  - Secretaries who assist clients with insurance problems may need access to the entire record in order to determine dates of service, etc.
  - Custodial staff do not have access to PHI

- The client's health insurance company, for payment purposes.
- Public Health Services and regulatory officials, when required by law.
- Courts, when the request is accompanied by a duly executed subpoena and reviewed by BGSU legal counsel.
- Parents or legal guardians of a minor.
- Referring physicians and/or therapists and physicians, and/or therapists involved in continuity of care.

Minimum Necessary:
Requests for disclosure of PHI for all purposes will be reviewed by the Privacy Contact (CSDO Clinic secretaries) to assure that they meet the minimum necessary requirement. The Privacy Contact may consult the Privacy Officer (Program Director) for assistance in making this determination.

Patient/Client Rights:
- Clients have a right to see and obtain a copy of their PHI.
- Clients have a right to request limitations to the routine use of PHI for TPO.
- Clients have a right to request changes in their PHI.
- Clients have the right to see a list of all people to whom PHI has been disclosed. In order to meet this requirement, the CSDO Clinic must keep a disclosure log. The log must record all disclosures, both written and verbal.

Security:
Privacy measures are designed to protect the confidentiality of all PHI:
- All faculty, staff, and student clinicians will receive instruction about and be familiar with the CSDO Clinic Privacy Policy.
- Faculty, staff and student clinicians will exert due diligence to avoid being overheard when discussing PHI.
- All records will be kept secured. When the CSDO Clinic is open, exposed patient records are not left unattended in unlocked offices. When the CSDO Clinic is closed, all files are placed in locked cabinets inside a locked room.

Administration:
- The CSDO Clinic Office Manager/secretaries serve as the Privacy Contact.
- The Program Director serves as the Privacy Officer
- A designee of the University Information Technology Services (ITS) department serves as the Security Officer.

Policy For Client Attendance

Appointments must be canceled in advance. Three consecutive, unexcused absences, wherein the client failed to contact the clinic prior to the appointment, constitute grounds for dismissal. If a client does not attend at least 50% of the sessions, services may be discontinued.

The client will not be seen for therapy appointments if more than ten minutes late (for a thirty minute session) and therapy time will not be extended to compensate for tardiness.

In the event of extenuating circumstances, exceptions to this policy will be considered.

Please Contact your Clinician and/or the CSDO Office Manager at (361)593-3493 when you are not able to make it to your scheduled appointment so that your clinician will be notified.

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Client Number: _____

*Please initial that you have received the following Policies:

**please keep copies that are in your packet for your information.*

_____ Clinical Policy Summary

_____ Privacy Policy

_____ Attendance Policy

Client Name:_____ Date: _____
(Please Print)

Client Signature: _____

Phone No:_____

Clinician Name: _____

Supervisor Name: _____

TEXAS A & M UNIVERSITY-KINGSVILLE
COMMUNICATION DISORDERS CLINIC

AUTHORIZATION

CLIENT'S NAME_____

The Texas A&M University-Kingsville Communication Disorders Clinic is a training facility designed to provide speech-language pathology student clinicians with therapy and diagnostic experience. Each student clinician is supervised by a faculty member holding the Certificate of Clinical Competence granted by the American Speech-Language-Hearing Association (ASHA).

At times, sessions are video taped, audio taped and/or utilized for later evaluation of the techniques being used and of the responses of the clients. These films, tapes and reports are viewed by the faculty member and clinician involved to help train the student to be more effective as a clinician as well as to plan the most effective program for the client. We would like your permission to utilize this information for educational purposes. In keeping with good ethical practice, neither the identity of the client nor confidential information concerning them would be revealed. If you will consent to the use of the information in this manner, please sign the release below.

I understand and permit that the services rendered be performed by supervised student clinicians according to the guidelines of ASHA.

SIGNATURE_____

DATE_____

With the understanding that the identity of the client will be carefully guarded, I give permission for my recordings to be used for the educational purposes specified above.

SIGNATURE_____

DATE_____

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COMMUNICATION SCIENCES & DISORDERS CLINIC
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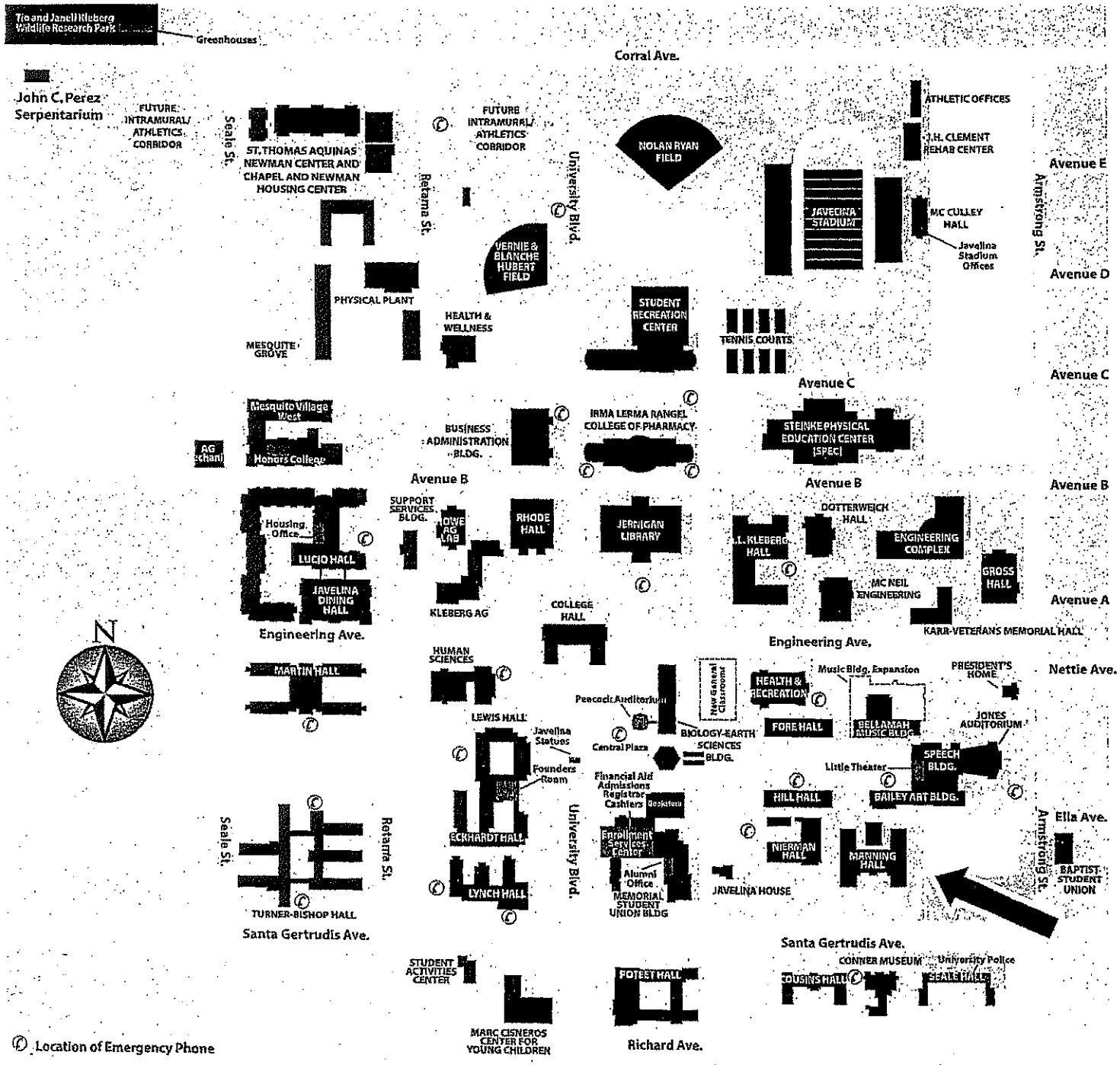
Fax (361) 593-3404

Speech-Language Evaluation	$75.00
Accent Management Evaluation	$30.00
Speech-Language Screening	$10.00
Speech-Language Therapy:	
* Individual/60 minute session	$30.00
* Individual/45 minute session	$25.00
* Individual/30 minute session	$20.00
* Group/60 minute session	$15.00

*Individual / Group Accent Management session	$ 5.00
CSDO Major/ Immediate family member of CSDO Major	Free

A Sliding Scale for fees charged is available if financial assistance is needed.
This clinic is a "not for profit" facility and does not bill Medicare, Medicaid or any third party payers. Special circumstances prevent our clinic from participating in these programs.

Revised 10/8/18



Location of Emergency Phone

TEXAS A&M UNIVERSITY KINGSVILLE

700 University Blvd.
Kingsville, TX 78363-8202
www.tamuk.edu

Important Phone Numbers

Main Switchboard	361.593.2111
Enrollment Services	361.593.2315
Business Office	361.593.2616
Financial Aid	361.593.3911
Housing	361.593.3419
Registrar	361.593.2811

Map Revised: 6/2015