# AUBURN UNIVERSITY

DEPARTMENT OF COMMUNICATION DISORDERS

DOCTOR OF AUDIOLOGY PROGRAM

MANUAL OF POLICIES AND PROCEDURES

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Vision Statement:
The Auburn University Department of Communication Disorders will distinguish itself by providing high quality academic instruction, clinical experiences, and research activities for undergraduate, graduate, and doctoral students in the allied health fields of audiology and speech-language pathology. Our graduates will distinguish themselves by providing state of the art, evidence-based clinical services to their communities, by achieving leadership positions in their professional and inter-professional organizations at local, state, regional, and/or national levels, and by sharing their Auburn traditions and standards with clinicians of the future.

Mission Statement:
Consistent with the mission statements of Auburn University and the College of Liberal Arts, the mission of the Department of Communication Disorders includes the areas of instruction, service, research, and outreach. The Department will provide high quality services to its students through academic and clinical instruction, clients through clinical services and research, professionals through continuing education and research, and the community through civic engagement. The Department will strive to provide premier training programs, with innovative approaches and state-of-the-art technology by engaging in on-going assessment, professional development, and program evaluation and modification.
ORIENTATION TO THE SPEECH AND HEARING CLINIC

Objectives and Scope

The Auburn University Speech and Hearing Clinic is dedicated to the following purposes:

1. Serving as a teaching facility for students who are studying disorders of human communication and who intend to become audiologists and speech-language pathologists;

2. Administering diagnostic and therapeutic services to hearing, speech, and/or language-impaired;

3. Conducting research in the field of communication disorders.
Dear Client:

Thank you for choosing to receive an evaluation at the Auburn University Speech and Hearing Clinic. Our goal is to provide the highest quality of service available and to make your visit to our Clinic as pleasant as possible. In this packet, you will find information related to your appointment:

1. **Case History Form:** This form provides important background information to use in planning your evaluation. Please complete the case history, sign the Authorization form and return the forms to the Clinic PRIOR TO THE DATE OF YOUR SCHEDULED APPOINTMENT in the enclosed envelope.
2. **Parking Information:** We have provided a campus map, driving directions, and parking information to help you locate various routes to our building and parking areas.
3. **Vehicle Registration:** In order to park in the Clinic parking spaces your vehicle’s license plates must be registered with Campus Parking. Please call 844-9600 with your license number prior to your appointment.
4. **Appointment Reminder Card:** A reminder card with the date and time of your evaluation is also enclosed in this packet.

**Medicaid referral form:** If your child is covered by Alabama Medicaid and the primary physician has ordered an evaluation, we must have a Medicaid referral form, signed and dated by the physician, on file prior to scheduling this appointment. In addition, you will be asked to present your child’s Medicaid card when you arrive at the Clinic.

**Insurance:** We accept Blue Cross Blue Shield of Alabama, which covers some speech/language services depending upon your policy. Please bring your insurance card with you to the visit. Typically, audiology services and hearing aids are not included in insurance policies.

We look forward to meeting you and serving your communication needs.

Sincerely,

Nancy Jeanne Haak, Ph.D.
Clinic Director and Department Chair

1199 Haley Center, Auburn, AL 36849-5252; Telephone: 334-844-9600; Fax: 334-844-4585
www.aushc.org
Parking Suggestions for AU Speech and Hearing Clinic
Clinic Phone Number: 334-844-9600
Golf Cart Phone Number: 334-844-2096
GPS Address to Parking Garage: 425 Heisman Dr. Auburn University, AL 36849
(Do not use Haley Center address for GPS…you will get lost!)

Be sure to call with your license plate number so you can be registered to park on campus!!!

Suggestion 1: The Stadium Parking Deck Walk or Ride.
You may park in one of the nine “Restricted Clinic Only” spaces on the first floor or you may drive to the top of the parking deck and park in an available space on the fourth floor. **You must display your handicapped hang tag if you park in a handicap space.** From the deck you can either walk one block to the Haley Center and the Clinic or you can get a ride on the golf cart (phone number listed above) and to the Haley Center

**How to drive to the deck:** Enter campus on W. Samford Ave; approach either from the east, passing the President’s house on your left or from the west, passing the Athletic Complex on your left. Turn onto Duncan Dr. (at the corner of the Telfair Peet Theater and Leach Science Center). Follow Duncan drive into the parking deck. As you enter the deck, there will be 9 “Clinic Only” spaces (marked by a brown sign on the columns in front) where you may park. If no spaces are available, continue to the left and proceed up the ramp to the fourth floor. You may park anywhere on the fourth floor.

**How to catch the golf cart:** The wheelchair accessible golf cart makes a continuous loop from the elevator on the first floor of the parking deck to the Haley Center front entrance. After your appointment, exit the back of the Clinic and go down the ramp to wait curbside for a return trip to your car. You may also contact them at 334-844-2096.

Suggestion 2: The Quad Center Lot.
You may park in either the 8 "Restricted Parking Client with Permit Only" spaces or the 7 Handicapped spaces of the Quad Center lot. **You must display your handicapped hang tag if parked in a handicap space.** This lot is located close to the Haley Center; walk (about 180 paces) to the south entrance of the Haley Center. As you enter the Haley Center, the AU Speech and Hearing Clinic is located on the left.

**How to drive here:** From Samford Avenue or Roosevelt Dr turn right onto Mell street and then left onto Quad Center Drive.

Driving Directions to AU Speech & Hearing Clinic

**From 1-85 southbound (from Atlanta)**
Take Exit 51. Turn right onto Highway 29 (S College Street). To park in the Stadium Deck, go to the 6th traffic light and turn left (W Samford Avenue), then follow Suggestion 1 above. To park at the Quad Center, turn left on W. Samford Avenue and follow Suggestion 2 above.

**From 1-85 northbound (from Montgomery)**
Take Exit 51. Turn left onto Highway 29 (S College Street). To park in the Stadium Deck, go to the 6th traffic light (begin counting lights at the first light just over the bridge) and turn left (W Samford Avenue), then follow Suggestion 1 above.

**From US 280 E (from Birmingham)**
Turn right off 280E onto AL 147 (@ Shell gas station). Stay on AL147, which becomes College Street. Cross the railroad tracks, proceed through light at Glenn Avenue. To park in the Stadium Deck, turn right at the next light onto Magnolia Avenue. Turn left at the next traffic light onto Donahue Drive. Turn left at the 2nd light
onto Heisman and follow Suggestion 1 above. To park in the Quad Center, stay on College Street, turn right on W. Samford Avenue and follow Suggestion 2 above.
CLIENT INFORMATION

Client ___________________________ Emergency contact ___________________________
_______________________________________ Contact’s Number ___________________________

Sex ______ Age ______ Birthdate ___________ Primary Care Physician ___________________________

Address ___________________________ Referred By ___________________________

Occupation/Grade ___________________________ Email ___________________________

Employer/School ___________________________ Military Service ___________________________

Home phone ___________________________ Dates of Service ___________________________

Cell phone ___________________________ ___________________________

Work phone ___________________________ ___________________________

Can we leave a message at the above phone #s? ______

Mail report to:

Name ___________________________ Address ___________________________

Name ___________________________ Address ___________________________

How did you hear about the AUSHC? ___________________________

If client is a minor:

Person completing form ___________________________

Parent ___________________________ Address ___________________________

Phone ___________________________ Email ___________________________

Parent ___________________________ Address ___________________________

Phone ___________________________ Email ___________________________

Parent’s Marital Status: Married _____ Single _____ Separated _____ Divorced _____ Adoptive _____ Foster Care _____

ASSIGNMENT AND RELEASE

I, the undersigned, certify that I (or my dependent) have insurance coverage as indicated above and assign directly to Auburn University Speech & Hearing Clinic all insurance benefits, if any, otherwise billable to me for services rendered. I understand that I am financially responsible for all charges, whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

___________________________________
Responsible Party Signature ___________________________ Date ___________________________
AUTHORIZATION FORM

NAME:_________________________________________ DATE:__________________

PERMISSION TO EVALUATE:  I hereby give permission to the Auburn University Speech & Hearing Clinic to conduct an evaluation of the speech, language, voice, and/or hearing abilities of the above named individual.

PERMISSION TO TREAT:  If results of evaluation procedures indicate the need for therapy, I give permission to the Auburn University Speech & Hearing Clinic to provide treatment for the above named individual.

LIABILITY AGREEMENT:  I release the Auburn University Speech & Hearing Clinic of liability of any nature arising from my/the client’s participation in procedures and activities at the Auburn University Speech & Hearing Clinic.

AUTHORIZATION FOR RELEASE OF CLINICAL INFORMATION:  I consent to the release of relevant confidential material, related to evaluation and treatment procedures, to qualified professional personnel in furtherance of clinical services on behalf of the above named person, as deemed necessary by personnel of the Auburn University Speech & Hearing Clinic.  I permit faculty, staff, or student clinicians to contact the above named person at the place of employment regarding appointments.  In addition, I permit representatives from the Auburn University Speech & Hearing Clinic to contact the above named person regarding future services, events, and/or programs (i.e. hearing aid open house, research).

I have received the Notice of Privacy Practices information and I have been informed of my rights regarding services provided by the Auburn University Speech & Hearing Clinic.

________________________________________________________________________
Print name

________________________________________________________________________
Address

________________________________________________________________________
Relationship

________________________________________________________________________
City

State

Zip code

________________________________________________________________________
Signature

________________________________________________________________________
Home or cell phone number

________________________________________________________________________
E-mail address

________________________________________________________________________
Work phone number
Patient Name:_________________________________ DOB:_________________________

I hereby give consent for the Auburn University Speech and Hearing Clinic (AUSHC) to use and disclose protected health information (PHI) about the person listed above to carry out treatment, payment and healthcare operations (TPO).

I understand I have the right to review the Notice of Privacy Practices before signing this consent. The AUSHC reserves the right to revise its Notice of Privacy Practices at any time. A request for a copy of the Notice of Privacy Practices may be sent in writing to The Auburn University Speech and Hearing Clinic, Department of Communication Disorders, 1199 Haley Center, Auburn University, AL 36849.

By signing this form I allow the AUSHC to call me at the number(s) listed below, and leave a message on the voicemail in reference to any items that assist the AUSHC with carrying out TPO, including but not limited to appointment reminders, repaired hearing aid notification, scheduling issues, insurance items, etc.

1.______________________________ Home  2.______________________________ Work
3.______________________________ Cell  4.______________________________ Other

By signing this form I allow the AUSHC to send mail to the address(s) listed below that assist the AUSHC with carrying out TPO, including but not limited to records, appointment reminders, end of warranty notification, scheduling issues, insurance items, patient statements, etc.

1.____________________________________________________________________________
2.____________________________________________________________________________

By signing this form I allow the AUSHC to send email to the address(s) listed below items that assist the AUSHC with carrying out TPO, including but not limited to records, appointment reminders, end of warranty notification, scheduling issues, insurance items, patient statements, etc.

1.____________________________________________________________________________  2.____________________________________________________________________________

I give permission for the AUSHC to discuss my evaluation, treatment, and/or billing status with the following people:

1. Name and Relation:____________________________________________
2. Name and Relation:____________________________________________
3. Name and Relation:____________________________________________
4. Name and Relation:____________________________________________

I may revoke or edit this authorization in writing except to the extent disclosures of PHI have already been made based upon my prior consent.

________________________________________ ____________________________________
Signature of Patient or Agent of Patient Care   Date
This is a summary of the Notice of Privacy Practices for The Auburn University Speech and Hearing Clinic (AUSHC). This document describes how we may use and disclose your protected health information (PHI), and how you may access this information. This summary applies to the clinical programs of AUSHC including (but not limited to) audiology and speech-language pathology patients. These policies are effective as of October 7, 2014. **Please review this document carefully.**

The AUSHC serves as a training site for clinical students in speech-language pathology and audiology. Student training, in the areas of health care, learning under supervision to practice, or improve their skills as health care providers is defined by the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule 45 CFR 164.501, as a covered function of health care operations. Please be advised that incidental contact may occur through dual observation treatment rooms, student observation of therapy sessions, etc.

The Privacy Rule requires that we protect the privacy of health information that identifies patients, or when there is reasonable basis to believe, the information can be used to identify a patient. This Notice describes your rights as a patient and our obligations regarding the use and disclosure of PHI.

**Uses and Disclosures for Treatment, Payment and Health Care Operations**
The Auburn University Speech and Hearing Clinic (AUSHC) may use or disclose your personal health information (PHI) for treatment, payment and health care operations without your consent. To clarify this information please see definitions for some commonly used terms below:

- **“PHI”** refers to protected health information in your healthcare record that could identify you.
- **“Treatment, payment and healthcare operations”**
  - **Treatment** is when AUSHC provides, coordinates or manages your healthcare and/or other services related to your healthcare.
    - Example: We may consult and share PHI with another health care and/or educational provider in connection with your diagnosis and treatment, or if you are referred to another health care provider.
  - **Payment** is when AUSHC receives reimbursement for your healthcare.
    - Example: We may use or disclose PHI with another party to obtain reimbursement for your care, or to obtain information about eligibility or coverage.
  - **Health Care Operations** are activities that relate to the performance and operation of AUSHC.
    - Example: We may mail reminders, or leave phone messages asking you to return our call, or to remind you of an appointment.
    - Example: We may provide PHI to student clinicians as a part of their training and educational program.
    - Example: We may disclose PHI if you pose a danger to yourself and/or others.

- **“Use”** applies to activities that occur within the AUSHC such as sharing, employing, applying, utilizing, examining, and analyzing information that may identify you.
- **“Disclosure”** refers to activities that occur outside the AUSHC. These are things such as releasing, transferring or providing access to information to other parties about you.
  - We may disclose your PHI to you.
  - We may use or disclose your PHI in order to treat you, obtain payment for services rendered, or operate the AUSHC.
  - Other uses and disclosures may be made without your consent if the law requires us to release PHI.

The Federal Education Rights and Privacy Act (FERPA), state law, and professional ethics also protect the privacy of a student’s PHI. In order to provide quality and effective care, the AUSHC requires a student to consent to the AUSHC’s use and disclosure of the student’s PHI for those purposes permitted by HIPAA.

**Uses and Disclosures Requiring Authorization**
When the AUSHC is asked to disclose information for purposes other than treatment, payment or health care operations as they relate to our facility, the AUSHC will obtain written authorization from you before releasing PHI. This authorization will also be required prior to releasing your Clinical Record. To clarify please see the definition of authorization below:

- **“Authorization”** is written permission given by the patient or legal guardian above and beyond the general consent already allowed.

**Patient Rights**
- You may request a restriction regarding uses and disclosures of your PHI however, the AUSHC is not required to agree to your request.
- You may request a restriction of disclosure to a health plan where all services were paid out of pocket (by you) in full.
• You may request that any communication regarding your PHI remain confidential, or that the AUSHC contact you in a specific way (home phone, cell phone, email…).
• You may request to inspect your PHI.
• You may request a copy of your PHI.
• You may ask that your PHI be amended.
• You may ask for a copy of the AUSHC Notice of Privacy Practices in an alternative format (paper, electronic…)
• You may revoke your authorization in writing except to the extent that AUSHC has already acted upon it.
• You have the right to receive a record of accounting of disclosures of your PHI.

Our Responsibilities
• We are required by law to maintain the security and privacy of all PHI.
• We are required to provide all patients with our Notice of Privacy Practices.
• Though the AUSHC reserves the right to change the policies in this notice, we must alert all patients of changes made in writing, or adhere to the terms currently in effect.
• We will notify individuals affected by suspected security breach regarding PHI.

Questions or Concerns
Please address any questions or concerns you may have, or request a copy of the AUSHC Notice of Privacy Policy, by mail to the address below:

Auburn University Speech and Hearing Clinic
Department of Communication Disorders
1199 Haley Center
Auburn University, AL 36849

If you feel your rights have been violated you may file a complaint without fear of retaliation:
a. You may file a complaint by contacting us in writing at AUSHC, Department of Communication Disorders, 1199 Haley Center, Auburn University, AL 36849
b. You can file a complaint in writing with the U.S. Department of Health and Human Services Office for Civil Rights, 200 Independence Avenue SW, Washington, DC 22201, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/

Revised 2/2013
APPLICATION FOR INCLUSION UNDER SLIDING FEE SCHEDULE

Patient's Name ___________________________ File # ___________ Date ________________________

# of Family Members at Home:

Parent Name ________________________________
(Circle one)

Parent Name ________________________________
(Circle one)

Dependents' Names ________________________________

 ____________________________________________________________________

 ____________________________________________________________________

Family Yearly Gross Income: ___________________________

Proof of income must be provided at or before time of appointment.
Acceptable proof of income includes: W-2 forms, 1099 forms, report of Social Security or Disability benefits, or previous years Federal Tax return.

To the best of my knowledge, the above information is accurate.

Signed: _______________________________________

Responsible Family Member

To be completed by Clinic:

Fee Rate: _____ %
NAME________________________________ BIRTH DATE_______AGE______
(Mr. Mrs. Ms. Dr.)

ADDRESS____________________________________ CITY____________________

STATE_________ZIP _______________ EMAIL________________________________

PHONE # Home______________ Work______________ Cell______________

Occupation_______________________If retired, previous occupation______________

Military service: _______________________Dates:____________________________

Referred by____________________Primary Care Physician______________________

Mail report to:
Name________________________Address___________________________________
Name________________________Address___________________________________

How did you hear about AUSHC?___________________________________________

Primary complaint________________________________________________________

Do you have hearing problems? Yes No (circle answers) Right ear, left ear, both ears?

Consistent or fluctuating? Gradual or sudden? Date of onset___________________

COMMUNICATION PROBLEMS (Check all items that apply)

___Face-to-face ___Noisy situations ___Auditoriums
___Close proximity ___In groups ___Theater
___Outside ___In the car ___Church service
___At a distance ___Music ___Television
___Direction of sound ___Telephone ___Radio

RELATED COMPLAINTS (Check all that apply)

___Ear/head noises ___Headaches ___Speech problems
___Ear pain ___Dizziness ___Language problems
___Ear drainage ___Balance/unsteady ___Noise exposure
___Ear fullness ___History of falls ___Familial history of hearing loss
___Visual defects ___Nausea ___Facial numbness/tingling
Other_________________________________________________________________

Do you use a cane, walker or wheelchair?____________________________________
GENERAL HEALTH (Check all that apply)
___ear infections  ___high blood pressure  ___pneumonia
___ear surgery  ___stroke (CVA)  ___bronchitis
___ear tubes  ___heart attack  ___asthma
___high fever  ___heart surgery  ___allergies
___seizures  ___circulatory problems  ___viral infections
___diabetes  ___anemia  ___URIs
___low blood sugar  ___high cholesterol  ___neck injury
___meningitis  ___memory deficits/dementia  ___TBI
___thyroid disorder  ___kidney disease  ___cancer

Have you taken any of the following medications in the past 2 years? (check all that apply)
___Streptomycin  ___Neomycin  ___Kanamycin  ___Quinine
___chemotherapy  ___Aspirin  ___Anti-inflammatory  ___diuretics

List current medications___________________________________________________
______________________________________________________________________
______________________________________________________________________

HEARING AID USE (Check all that apply)
___No experience  ___Wearing aid now  Make__________________
___Trial use only  ___Satisfactory  Model__________________
___Past experience  ___Not adequate  Style___________________
                 Ear(s)_______  Date purchased__________
                 Where purchased________

ADDITIONAL COMMENTS______________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
### IDENTIFYING INFORMATION

<table>
<thead>
<tr>
<th>Child’s name</th>
<th>Birthdate</th>
<th>Age</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
<tr>
<td>Person completing form</td>
<td>Address</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Referral source</td>
<td>Address</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Birth Hospital</td>
<td>City</td>
<td>State</td>
<td></td>
</tr>
</tbody>
</table>

### REASON FOR TESTING (check all that apply)

- [ ] Hearing
- [ ] Speech/language
- [ ] Attention/hyperactivity
- [ ] Academic
- [ ] Reading/phonics
- [ ] Other

### FAMILY INFORMATION

<table>
<thead>
<tr>
<th>Mother’s name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
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<tbody>
<tr>
<td>Evening phone</td>
<td>Cell phone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td>Occupation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father’s name</td>
<td>Address</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Evening phone</td>
<td>Cell phone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td>Occupation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PARENTS MARITAL STATUS

- [ ] Married
- [ ] Single
- [ ] Separated
- [ ] Divorced
- [ ] Adoptive
- [ ] Foster Care

### OTHER CHILDREN IN FAMILY

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
<th>Grade level</th>
<th>Any hearing, speech, language, learning or medical problems</th>
</tr>
</thead>
<tbody>
<tr>
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### PHYSICIANS (pediatrician, otologist, neurologist)

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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### BIRTH HISTORY

<table>
<thead>
<tr>
<th>Problems during pregnancy</th>
<th>Difficulty breathing</th>
<th>Problems</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Prenatal alcohol exposure</td>
<td>Anoxia; resuscitated</td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Prenatal drug exposure</td>
<td>Assisted Ventilation</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premature birth</td>
<td>NICU more than 5 days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal delivery</td>
<td>IV antibiotic(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low birth weight</td>
<td>Toxoplasmosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood (Rh) incompatibility</td>
<td>Cytomegalovirus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jaundiced (light therapy)</td>
<td>Bacterial meningitis</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Jaundiced (blood transfusion)</td>
<td>Herpes simplex virus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Defects of head, neck or ears</td>
<td>Other infection(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### HEARING AND EAR HISTORY

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has your child been diagnosed with a hearing loss?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child wear hearing aids?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the hearing ability fluctuate?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child respond to her/his name?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child look to the sound source when a noise is made?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child enjoy listening to music?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child respond to loud sounds?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child respond to speech when facing the speaker?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child respond to speech with back to speaker?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child respond to speech from another room?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child respond to whispered or soft speech?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child respond to faint sounds or sounds at a distance?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child have difficulty understanding what is said?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is your child sensitive to loud sounds?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child complain of noises in the ears or head?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child experience dizziness or imbalance?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of ear infections ages 0-2 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of ear infections ages 2-4 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of ear infections ages 4-6 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of ear surgeries (i.e. tubes)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### DEVELOPMENTAL HISTORY

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmental disability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hyperactivity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attention deficit disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autism or Asperger’s syndrome</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional/behavioral disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupational therapy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### HEALTH INFORMATION

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical conditions (specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cerebral palsy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleft palate, cleft lip</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Significant infections (i.e. mumps, measles, pneumonia, RSV, hepatitis)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of seizures, convulsions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of headaches</td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of head trauma, injuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of falls, accidents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergies, upper respiratory infections, frequent colds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgeries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taking medications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of noise exposure (i.e. gunfire, machinery, loud music)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FAMILY HISTORY (Description of problem, relationship to child)**

| Hearing loss |  |
| Ear disease, surgery |  |
| Neurologic problems |  |
| Speech problems |  |
| Learning problems |  |
| Auditory processing problems |  |
| Hereditary conditions |  |

**SPEECH AND LANGUAGE SKILLS INFORMATION**

<table>
<thead>
<tr>
<th>Do you have concerns about your child’s speech and language skills?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delay in speech and language development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small vocabulary compared with peers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor grammar usage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does not speak clearly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dysfluencies (stuttering)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech therapy now or in the past</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SCHOOL/EDUCATIONAL INFORMATION**

<table>
<thead>
<tr>
<th>Name of school</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Best subject</td>
<td></td>
</tr>
<tr>
<td>Most difficult subject</td>
<td></td>
</tr>
<tr>
<td>Problems in school?</td>
<td></td>
</tr>
<tr>
<td>Special Services (specify)</td>
<td></td>
</tr>
<tr>
<td>Does child have IEP? 504?</td>
<td></td>
</tr>
<tr>
<td>Any grade repeated?</td>
<td></td>
</tr>
</tbody>
</table>
SECTION 2

AUDIOLOGY CLINIC POLICIES
REPORTS and WRITTEN DOCUMENTATION:

1. All records and reports concerning a client are considered confidential and will be entered in the client’s electronic health records in Practice Perfect.

2. Client records, test results, and data (e.g. case history form, audiogram, tympanograms, ABR recordings, test forms, etc.) cannot be removed from the physical area occupied by the Auburn University Speech and Hearing Clinic.

3. Letters and/or reports may be sent to agencies or individuals upon request and the signing of the Authorization Form and the Permission to Contact and Discuss Form.

4. Student clinicians must prepare reports in the student computer room (HC 1128A), HC 1118, or hearing aid office (HC 1181) in the clinic. Avoid using these computers for other purposes.

5. Student clinicians are prohibited from removing videotapes and CDs from the AUSHC.

6. Any written/printed documentation (e.g. evaluation report, treatment report, test results, etc.) must be placed in the patient's chart or holding file.
   a. During the report preparation process, the patient’s chart must be stored in the file cabinet in the locked student clinician room (HC 1166).
   b. Patient charts/documentation, test results, etc. cannot be left in the student rooms, a test room, NSSLHA library, treatment room, observation room, or any other public location.

7. Any discarded written documentation/reports must be shredded. A collection box for shredding is located in the student clinician room (HC 1166).

8. When videos are used in a class for demonstration or example, the student clinician should not discuss, outside the classroom, confidential or personal information revealed in the video.

9. Student clinicians must comply with the Standards for Privacy of Individually Identifiable Health Information (“Privacy Rule”).
   a. The “Privacy Rule” establishes a set of national standards for the protection of certain health information.
   b. The U.S. Department of Health and Human Services issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act (HIPAA) of 1996.
   c. The “Privacy Rule” protects all "individually identifiable health information" (protected health information) held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral.
   d. Individually identifiable health information includes many common identifiers, as indicated in the following table:
HIPPA De-Identification Guidelines

(2)(i) The following identifiers of the individual or of relatives, employers, or household members of the individual, are removed:

<table>
<thead>
<tr>
<th>(A) Names</th>
<th>(L) Vehicle identifiers and serial numbers, including license plate numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>(B) 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:</td>
<td></td>
</tr>
<tr>
<td>(1) The geographic unit formed by combining all ZIP codes with the same three initial digits contains more than 20,000 people; and</td>
<td></td>
</tr>
<tr>
<td>(2) The initial three digits of a ZIP code for all such geographic units containing 20,000 or fewer people is changed to 000</td>
<td></td>
</tr>
<tr>
<td>(C) 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</td>
<td></td>
</tr>
<tr>
<td>(D) Telephone numbers</td>
<td>(M) Device identifiers and serial numbers</td>
</tr>
<tr>
<td>(E) Fax numbers</td>
<td>(N) Web Universal Resource Locators (URLs)</td>
</tr>
<tr>
<td>(F) Email addresses</td>
<td>(O) Internet Protocol (IP) addresses</td>
</tr>
<tr>
<td>(G) Social security numbers</td>
<td>(P) Biometric identifiers, including finger and voice prints</td>
</tr>
<tr>
<td>(H) Medical record numbers</td>
<td>(Q) Full-face photographs and any comparable images</td>
</tr>
<tr>
<td>(I) Health plan beneficiary numbers</td>
<td>(R) Any other unique identifying number, characteristic, or code, except as permitted by paragraph (c) of this section [Paragraph (c) is presented below in the section “Re-identification”]; and</td>
</tr>
<tr>
<td>(J) Account numbers</td>
<td></td>
</tr>
<tr>
<td>(K) Certificate/license numbers</td>
<td></td>
</tr>
</tbody>
</table>

(ii) The covered entity 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.
The Auburn University Speech and Hearing Clinic ("the Clinic"), its faculty, student clinicians, staff, contractors and volunteers (collectively, "Clinic Faculty and Staff") share in a commitment to legal, ethical and professional conduct in everything we do. As Clinic Faculty and Staff, we support these commitments in our work each day, whether we care for patients, order supplies, keep records, pay bills or make decisions about the future of the organization. The Clinic’s success as a provider of healthcare services depends on us - our personal and professional integrity, our responsibility to act in good faith, and our obligation to do the right things for the right reasons. As Clinic Faculty and Staff, students and volunteers, we are responsible for supporting legal compliance in every aspect of our workplace behavior.

A. The Clinic Code of Conduct. The Code of Conduct is a vital part of how we achieve our mission and vision. It provides guidance to ensure that our work is accomplished in an ethical and legal manner. It emphasizes our common culture of integrity and our responsibility to operate with the highest principles and ethical business standards as we strive to care for our patients and each other with respect, honesty, compassion, teamwork and excellence.

The Code of Conduct applies to everyone at the Clinic from entry-level employees, to volunteers and contractors, to executive staff. I understand that the Code of Conduct supplements specific policies and procedures that may apply to my job. The Code of Conduct discusses the importance of:

- **Care Excellence**: providing quality, compassionate, respectful and clinically appropriate care to patients.
- **Professional Excellence**: maintaining ethical standards of healthcare and business practices.
- **Regulatory Excellence**: complying with federal and state laws, regulations and guidelines that govern the healthcare services that we provide.

To confirm that each of us understands and accepts responsibility for abiding by the Clinic’s Code of Conduct, every Clinic Faculty and Staff member, including volunteers and contractors, are required to read this Code of Conduct, and sign and return the Commitment to Compliance on the last page.

Of course, no single resource can answer every question or cover every concern we may encounter at work. We all should be guided by our own good judgment and professional pride as well. **If I have concerns about the Code of Conduct or any moral, legal or ethical issue, I understand that I can talk with the Clinic Director.**

B. A Shared Responsibility. Because we are in the business of providing care to others, it is critical that each of us adheres to appropriate standards of behavior. As individuals and as an organization, we are responsible to many different groups. We must act ethically and responsibly in our relations with:

- Our patients and their families
- Our colleagues and co-workers
Nonaffiliated colleagues and customers
Healthcare payers, including federal and state governments
Regulators, surveyors and monitors
Physicians
Vendors and suppliers
The community we serve

Any compromise in our standards could harm our patients, our coworkers and our organization. Like every healthcare organization, we must do business under very strict regulations and oversight. Fraud and abuse are serious issues. Sometimes even an innocent mistake can have significant penalties to our organization and to us. It is therefore imperative that we all know and understand our responsibilities. Clinic Faculty and Staff members participate in education and training about the Code of Conduct and the compliance responsibilities of their jobs. Supervisors and managers must consistently reinforce the Code of Conduct to make sure Clinic Faculty and Staff comply with the state and federal laws.

As we each are responsible for following the Code of Conduct in our daily work, we are also each responsible for enforcing it. This means that we are expected to report any problems we observe.

I understand that if I observe or suspect a situation that I believe may be unethical, illegal, unprofessional or wrong, or if I have any clinical, ethical or financial concern, I MUST report it to Clinic Director. I understand that I will not be disciplined for reporting a situation that I suspect to be unethical, illegal, unprofessional or wrong, regardless of whether the Clinic ultimately determines that the situation was handled properly.

Reporting a situation, even if we are uncertain about whether the situation was handled properly, will ultimately help the Clinic. By reporting the situation, we inform Clinic management of areas in which training may be required, either because the situation was not handled properly or because it is unclear how to handle the situation. Training will help the Clinic avoid future problems. Also, if the situation was not handled properly, the Clinic wants to do the right thing and correct the error. The sooner a problem is identified, the easier it is to correct without serious legal consequences. Although we may feel uncomfortable about reporting a situation, it is best for the Clinic.

C. Care Excellence - Our First Priority. At the Clinic, our most important job is providing quality care to our patients. This means offering compassionate support to our patients and working towards the best possible outcomes, while following all healthcare rules and regulations. We care for people who are especially vulnerable; they may have a language barrier, legal status issues, financial inabilities, physical restrictions because of illness, injury or disease, or many other vulnerabilities. It is our responsibility to respect, protect and care for them with compassion and skill.

1. Patients' Rights: Patients receiving healthcare services have clearly defined rights. To honor these rights, we must:

   (a) Provide the same quality care to everyone, regardless of race, color, age, religion, national origin, gender, sexual orientation or disability.

   (b) Treat all patients with compassion, courtesy, professionalism and respect.

   (c) Protect all aspects of the patient's privacy and confidentiality.

   (d) Obtain written permission from the patient or their legal representative before
releasing personal, financial or medical information to anyone outside the Clinic.

(e) Limit access to medical and other records only to the employees, student clinicians, physicians or other healthcare professionals who need the information to do their job.

(f) Respect the rights of patients to participate in decisions about their care.

(g) Respect the right of patients to access their medical records as requested.

(h) Recognize that patients have the right to consent to or refuse care.

2. **Providing Quality Care:** As employees and as an organization, our primary commitment is to provide the care, services and products necessary to help the patient reach or maintain his or her highest possible level of physical, mental and psychological well-being. To meet this standard of care, we:

(a) Develop interdisciplinary plans of care for patients whenever appropriate.

(b) Constantly assess goals to ensure that the ongoing needs of our patients are being met.

(c) Provide only medically necessary services and products.

(d) Confirm that services and products are within accepted standards of practice for the patient's condition.

(e) Ensure that services and products are reasonable in terms of frequency, amount and duration.

(f) Measure clinical outcomes and patient satisfaction to confirm that quality care goals are met.

(g) Provide accurate and timely clinical and financial documentation and record keeping.

(h) Ensure that only properly licensed and credentialed providers with the appropriate background, experience and expertise provide (and supervise as appropriate) patient care.

3. **Gifts from Patients:** Sometimes grateful patients and their families offer gifts to employees. However, accepting a gift, gratuity or tip could give the impression that we are favoring a patient or giving him or her special care. Or, a patient with dementia might try to give away a precious heirloom without understanding what he or she is doing. Therefore, it is the Clinic's policy that Clinic Faculty and Staff, including volunteers, should refuse all personal monetary gifts, gratuities or tips from patients and return them if they are given. It is acceptable to receive food, gift baskets, flowers, etc. Monetary donations in the form of cash, check, money order, or gift card are acceptable to the organization, but not as an individual gift to any one member of the Clinic's Staff.

4. **Billing Practices:** The Clinic is committed to ethical, honest billing practices, and we expect every Clinic Faculty and Staff member to be vigilant in maintaining these standards at all times. The Clinic will not tolerate any deliberately false or inaccurate billing. Any Clinic Faculty and Staff member who knowingly submits information that he or she knows to be false in connection with
any invoice, billing or financial report, or other claim to any payer - public or private - is subject to dismissal. In addition, legal or criminal action may be taken.

Even an innocent misunderstanding, careless mistake or accidental error can have serious consequences for the Clinic. Therefore, we must always be very careful when we prepare billing documentation, and follow all procedures and instructions from state or federal regulatory agencies, fiscal intermediaries and insurance carriers. For Clinic Faculty and Staff who are not directly involved in billing activities, maintaining regulatory compliance includes providing accurate, timely and complete documentation of the services provided so that claims are based on the correct information.

False or fraudulent claims may include:

- Billing for services that were not provided or costs that were not incurred.
- Duplicate billing - that is, billing for the same item or service more than once.
- Billing for items or services that are not medically necessary.
- Changing a code, or selecting an inappropriate code, to increase reimbursement.
- Providing false or misleading information to Medicare about a patient's condition or eligibility.
- Failing to identify and refund credit balances.
- Submitting bills without appropriate supporting documentation.

I understand that if I suspect or observe that false claims are being submitted, I must immediately report the situation to a supervisor.

5. **Referrals and Kickbacks**: Clinic Faculty and Staff often have close associations with other local healthcare providers and referral sources. To demonstrate ethical business practices, we must make sure that all relationships with these professionals are open, honest and legal.

The Clinic accepts patient referrals based solely on clinical needs and our ability to provide the services required by the patient. The Clinic makes referrals based solely on clinical needs. We never solicit, accept or offer kickbacks of any kind.

A kickback is an item or service of value that is received in exchange for a business decision, such as a patient referral. Kickbacks can include any item or service of value, including cash, goods, supplies, gifts, "freebies" or bribes. Accepting kickbacks is against the law, as well as prohibited by the Clinic's own policies and procedures.

* Clinic Faculty and Staff cannot request, accept, offer, or give any item or service that is intended to influence - or even appears to influence - a healthcare service paid for by any private or commercial healthcare payer, or federal or state healthcare program, including Medicare, Medicaid, Champus and the VA.

6. **Government Investigations**: It is the Clinic's policy to cooperate fully with all government investigations, surveys and evaluations. These investigations are part of the healthcare environment today, and the procedures for cooperating with these investigations can be complicated.

In complying with Clinic policy, I must not:
(a) Lie or make false or misleading statements to any government investigator, surveyor or evaluator.

(b) Destroy or alter any record or document in anticipation of a request from the government or court.

(c) Attempt to persuade another employee or any person to give false or misleading information to a government investigator, surveyor, or evaluator.

(d) Be uncooperative with any government investigator, surveyor or evaluator.

I realize that by lying or attempting to cover up any actions being investigated, I may make the ultimate outcome worse for the Clinic. Errors may occur, and it is best to acknowledge the facts when asked, even if it is uncomfortable or embarrassing to do so.

D.  **Commitment to Compliance**

I have received a copy of the Clinic's Code of Conduct. I understand that I have an obligation to read it, and I agree to abide by its principles. I have had the opportunity to ask any questions about any part of the Code of Conduct I did not understand, and I understand the principles in the Code. I further agree to conduct myself in an ethical, legal and responsible manner at all times.

I also agree to keep this booklet for future reference. I understand that if I have questions or concerns about its content or other Clinic policies, I will ask for clarification from the Clinic Director.

Signature: _______________________________

Printed Name: _______________________________ Date: _______________

*Please sign and return this form to the Clinic Director.*

This Code of Conduct applies exclusively to the Clinic and not to Auburn University as a whole or its subsidiary organizations.
PROFESSIONAL CONDUCT

1. This is a professional training program. Behavior and dress appropriate to a professional setting will be maintained. Clinicians will wear a lab coat and name tag when serving patients, unless otherwise directed by a supervisor.

2. Patient records are CONFIDENTIAL. Information contained therein should not be discussed outside the clinic or in front of patients or other individuals in the clinic who are not directly involved with the patient. All personal, as well as professional conversations, should be held in the confines of an office or other appropriate room (refer to Patient Confidentiality Policy).

3. Please respect the instructor’s materials, books, etc., and do not use or remove them without permission. Knock before entering a test room, treatment room, or an office. Do not interrupt if the instructor is obviously in conference with a patient, fellow faculty member, or another student.

4. Clinicians are responsible for maintaining the audiology test rooms, equipment, test materials, and supplies.

5. Each student clinician must obtain professional liability insurance and TB test in order to participate in clinical practicum. In addition, a criminal background check must be completed and documentation must be received by the department prior to starting practicum.

6. Do not interrupt a secretary if she is discussing business with a staff member, faculty member, or patient.

DEPARTMENTAL COMMUNICATION

1. Clinic telephones are for clinic business only. Cell phones should be turned off during evaluations, treatment, classes, and conferences. If a student must make a long distance call to contact a patient, obtain permission and instructions from the clinic secretary or clinical faculty regarding how to place a call.

2. When submitting documentation to a faculty member, patient charts, reports, test results, and related information should be placed in the faculty member’s folder in the file cabinet in the locked student clinician room (HC 1166). Do not leave materials on the instructor’s desk, chair, or mailbox.

3. E-mail can be used to communicate with the faculty member.

4. Departmental copy machine is available for clinic use ONLY (not classwork).

CLINIC ASSIGNMENTS

1. Clinicians should check the Audiology Schedule posted in Practice Perfect daily for clinic assignments and pertinent information.

2. At the end of each semester, the student is required to submit a schedule form for the next semester, indicating class times and assistantship schedule. These schedules are used to determine clinic assignments for the following semester.

3. The audiology test rooms are not equipped with separate observations rooms; therefore, observations of audiological procedures take place in the same room with the patient, the student clinician, and the audiologist.

4. Students should not be in the audiology test rooms when an evaluation is being conducted, unless:
   A. The student is directly involved in testing the patient
   B. The student is scheduled to observe
   C. It is necessary to enter the room to retrieve an otoscope, equipment, etc.
   D. The student needs to program a hearing aid
AUDIOLOGY CLINIC SERVICES

I. Eligibility for services
A. Services are available to persons of any age, gender, ethnicity, or religious affiliation. Children under 18 years of age must have the permission of their parent(s), legal guardian(s), or responsible agency to receive services.
B. No individual is denied services due to financial limitations. A sliding fee schedule is used to determine the cost of services when applicable.
C. Referral from agencies or other professionals is not required; however, prior authorization from the primary care physician is required for children covered by Alabama Medicaid.
D. Clients schedule appointments for audiological, hearing aid, and vestibular services with the clinic secretary. Appointments are entered in the Audiology Clinic in Practice Perfect. The following information can be included for each appointment:
   1. Name of client
   2. Name of parent or guardian, when appropriate
   3. Age of client and date of birth
   4. Address of client/parent/guardian/responsible party
   5. Phone number of client/parent/guardian/responsible party
   6. Referral source
   7. Phone number of referral source
   8. email address
   9. Third party payer, if appropriate (e.g. Medicaid)
   10. Client file number, if available
   11. Type of evaluation
   12. Audiologist assigned to case

II. Types of services
A. Diagnostic audiology services
   1. audiometric screening
   2. audiological evaluation
   3. acoustic immittance
   4. special auditory tests
   5. auditory evoked potential testing
   6. otoacoustic emissions
   7. balance assessment
   8. tinnitus evaluation
   9. auditory processing evaluation
B. Audiology treatment services
   1. hearing aid evaluation/consultation
   2. electroacoustic analysis of hearing aid function
   3. real ear measurements
   4. hearing aid orientation and dispensing
   5. hearing aid check
   6. hearing aid service and repair
   7. custom products for hearing devices and hearing protection
III. Financial policies

A. The Speech and Hearing Clinic, as a special facility of Auburn University, is a non-profit agency. However, the income generated through the delivery of services and products impacts the revenue available to student assistantships, general operating expenses, and equipment purchases. Therefore, to insure continuous, high quality, professional services to the clients, adequate financial support is considered basic to its operation.

B. Fees for services

1. The clinic has a standard fee schedule for services rendered. Individuals who qualify for fee reduction on the basis of family size and income are charged according to the variable fee schedule. Arrangements for fee reduction are made through the secretary (refer to Application for Inclusion under Variable Fee Schedule).

2. The Speech and Hearing Clinic is an approved Alabama Medicaid provider for children.

C. Payment, made to Auburn University, is due when services are rendered. Payment transaction is conducted by the clinic secretary.

Revised March 2016
**HEARING AID WALK-IN CLINIC**

Monday @ 10:00-11:00 am  
Tuesday @ 1:00-2:30 pm  
Thursday @ 1:00-2:30 pm

**Services provided during walk-in clinic:**
1. Hearing aid troubleshooting and minor repair (e.g. hearing aid not functioning, weak, noisy)
2. Clean and vacuum hearing aids
3. Replace wax guard(s)/trap(s) and dome(s)
4. Replace thin tube(s) and dome(s); replace earmold tubing
5. Hearing aid adjustment, reprogram
6. Ear impressions for hearing aid(s), earmold(s), or musician’s earplugs
7. Fit repaired/recased hearing aid(s)
8. Fit earmold(s)
9. Modify hearing aid shell(s) and earmold(s)
10. Pair and adjust connectivity devices; instruct patient on use

**Hearing Aid Checks:**
1. HAC during 30 day adjustment period  
   A. Conduct otoscopy  
   B. Assess patient’s progress/adaptation to hearing aid fitting  
   C. Discuss patient’s likes and dislikes about hearing aid fitting  
   D. Review hearing aid adjustment schedule  
   E. Review and document data-logging information  
   F. Clean and vacuum devices; replace wax guards and domes, as needed  
   G. Reinstruct on hearing aid use, care and maintenance, as needed
2. One month HAC  
   A. Conduct otoscopy  
   B. Assess patient’s satisfaction with hearing aid fitting (e.g. outcome measures)  
   C. Review hearing aid adjustment schedule  
   D. Review and document data-logging information  
   E. Discuss patient’s options if (s)he want to exchange or return hearing aid(s)  
   F. Clean and vacuum devices; replace wax guards and domes, as needed  
   G. Make programming changes, if necessary
3. Six month HAC  
   A. Conduct otoscopy  
   B. Clean and vacuum hearing aids/receiver tubes/earmolds/domes  
   C. Replace wax guards/domes  
   D. Replace receiver(s), if indicated  
   E. Replace thin tubes/domes, as needed  
   F. Replace earmold tubing, if indicated  
   G. Assess patient’s satisfaction and use of hearing aid fitting
H. Discuss any problems or concerns about hearing aid fitting
I. Review and document hearing aid settings and data-logging information
J. Verify hearing aid fitting using real ear measurements
K. Make programming changes, if necessary; then conduct real ear measurements at new settings

4. One year HAC
   A. Conduct otoscopy
   B. Clean and vacuum hearing aids/earmolds
   C. Replace wax guards and domes
   D. Replace receiver(s), if indicated
   E. Replace thin tubes and domes
   F. Replace earmold tubing
   G. Assess patient’s satisfaction with hearing aid fitting
   H. Obtain pure tone air conduction thresholds, MCLs, and word recognition testing
   I. Review and document hearing aid settings and data-logging information
   J. Conduct EAA at manufacturer’s settings, if indicated
   K. Make programming changes, if necessary
   L. Conduct real ear measurements

5. Two year HAC
   A. Conduct otoscopy
   B. Clean and vacuum hearing aids/earmolds
   C. Replace wax guards/domes
   D. Replace receiver(s), if indicated
   E. Replace thin tubes and domes
   F. Replace earmold tubing
   G. Assess patient’s use of and satisfaction with hearing aid fitting
   H. Review and document hearing aid settings and data-logging information
   I. Conduct EAA at manufacturer’s recommended settings
   J. Conduct air conduction threshold testing, MCLs, and word recognition testing; conduct other testing, as indicated
   K. Make programming changes, as needed
   L. Conduct real ear measurements
   M. Advise patient of warranty expiration date
   N. Provide hearing aid insurance application form

Responsibilities during walk-in clinic:
1. Review patient’s chart/contact log/electronic records
   A. Date and nature of last patient contact
   B. Type of hearing aid fitting
   C. Date of hearing aid purchase
   D. Expiration of AUSHC service contract
   E. Expiration of hearing aid warranty
   F. Expiration of hearing aid repair warranty
2. Determine patient care plan
3. Review information and discuss plan with clinical faculty; determine room placement
4. Greet patient in waiting room and escort to audiometric test room
5. Prepare contact log in patient’s electronic medical records in Practice Perfect and advise supervising audiologist when documentation is complete

Responsibilities after walk-in clinic:
1. Clean and straighten audiometric test rooms
2. Clean and straighten hearing aid office
3. Restock supplies, as needed
4. Place otoscopes in cabinet; recharge if needed
5. Log off hearing aid computer(s)
AU SPEECH & HEARING CENTER
HEARING INSTRUMENT DISPENSING

In order to maintain our patient database and to mail recall letters, the following procedures are critical.

HEARING AID FITTING/DISPENSING:

- Select appropriate Hearing Aid Purchase Agreement (green form) for the level of HA technology
- Complete Hearing Aid Purchase Agreement, including:
  - Patient’s name and title
  - Address
  - Phone number (landline or cell)
  - Manufacturer and hearing aid model
  - Serial number for each instrument
  - Manufacturer’s warranty date
  - Receiver size and power
  - Battery size
  - Patient’s signature
  - Audiologist’s signature
  - Date of transaction
- Patient completes transaction with clinic secretary, who will prepare copies of the Purchase Agreement
  - Secretary scans original green form into Practice Perfect; then the original form is shredded
  - Patient receives copy
  - Clinician receives copy
- Staple copy of purchase agreement with manufacturer’s invoice (not packing slip) and place in the “Hearing Aid Invoices” folder in hearing aid office cupboard
- Necessary changes (for example, change stock aid into patient’s name, or extend warranty date) will be made by a hearing aid assistant

HEARING AID RETURNS:

- If a patient returns the hearing aid(s) within the 30 day adjustment period, complete the following:
  - Print four copies of the Hearing Aid Purchase Agreement from Practice Perfect
    - Document on this form that the patient has returned the hearing aid(s) for credit and the date of the transaction
    - One “modified” copy of the purchase agreement is given to the patient
    - Another “modified” copy should be scanned into the patient’s electronic health records
    - The third “modified” copy should be placed with the manufacturer’s Return for Credit form (see below)
    - The fourth “modified” copy should be placed in Mrs. Head’s mailbox
  - Prepare the hearing aid(s) for shipping
    - Complete the manufacturer’s Return for Credit form; the original form is sent with the hearing aid(s)
    - Make one copy of the Return for Credit form
    - Paper clip the copy of the RFC form with a copy to the “modified” Hearing Aid Purchase Agreement and place these forms in the “Hearing Aid Invoices” folder
HEARING AID EXCHANGE:
- If a patient exchanges the hearing aid(s) within the 30 day adjustment period, complete the following:
  - Complete the Return for Credit procedure (as indicated above)
  - Print a copy of the original Hearing Aid Purchase Agreement from Practice Perfect
    - Document on this form the date of exchange and that the original instruments have been exchanged for different products
  - Prepare a “new” Hearing Aid Purchase Agreement form documenting the new hearing aid(s)
    - The “new” Hearing Aid Purchase Agreement will be scanned into Practice Perfect
    - A copy of the “new” agreement will be given to the patient
    - Another copy of the “new” Agreement will be given to the clinician
    - Staple the original Purchase Agreement, the “new” Purchase Agreement, and the “new” manufacturer’s invoice (not packing slip) and place in the “Hearing Aid Invoices” folder

HEARING AID REMAKE:
- If a custom hearing aid product is sent to the manufacturer for a remake, complete the following:
  - Print a copy of the original Hearing Aid Purchase Agreement from Practice Perfect
    - Document on this form the date that the hearing aid(s) was returned to the manufacturer for remake(s)
    - Place this form in the “Hearing Aid Invoices” folder
  - Package the hearing aid(s) for shipment
    - Prepare the manufacturer’s form for remake of custom product(s); the original form is sent with the hearing aid(s)
    - A copy of the manufacturer’s form will be scanned into patient’s electronic health records
  - Prepare a “new” Hearing Aid Purchase Agreement when the “new” hearing aid(s) is delivered; complete the procedures as outlined above for Hearing Aid Fitting/Dispensing
In the delivery of any health related service, it is the health professional's responsibility to ensure the safety of all patients served. It is imperative that audiologists provide patients with diagnostic and treatment environments that are designed to minimize or eliminate the potential transmission of disease. Audiologists must be diligent in their efforts for controlling the spread of infectious disease within the context of the entire clinical setting.

Since the practice of audiology involves and requires a notable degree of patient contact, patients and clinicians are exposed to an environment in which a variety of contaminated objects may come into direct or indirect contact with multiple patients (e.g.: headphones, immittance or otoacoustic emissions probe tips, electrodes, otoscope specula, oto-lights, earmold impression syringes, probe tubes for real-ear measurement, earmolds and/or hearing aids) (American Academy of Audiology, Infection Control Task Force).

Contact transmission remains the most common means of cross-contamination and possible disease transmission (Kemp & Bankaitis, 2000). Contact transmission may occur when a clinician or the patient touches another individual or object. Removing a hearing aid from a patient's ear or accepting a hearing aid from a patient with bare hands are practices that may encourage inadvertent cross-infection via contact transmission. In the event transmission occurs, microbes naturally seek entry into the body by traditional routes including natural orifices (nose, eyes, and ears) or via the epithelial layer of the skin (Kemp, Roeser, Pearson, & Ballachanda, 1996).

The incidence of infectious diseases, such as cytomegalovirus (CMV), hepatitis B (HBV), herpes simplex, tuberculosis, influenza, and acquired immune deficiency syndrome (AIDS), are noteworthy. These diseases, in addition to other infections, are contagious and can be life-threatening. In light of the increased prevalence of infectious diseases and the expanded scopes of practice for audiology, infection control and prevention of disease transmission are important concerns for the practicing clinician.

Infection Control Basics

Transmission of disease can occur through body fluids and/or air. The three major pathways for disease transmission are: (1) patient to clinician, (2) clinician to patient, and (3) patient to patient (McMillan and Willette, 1988). Pathways for transmission of microorganisms include: (1) direct contact between individuals, (2) indirect contacts through instruments, environmental surfaces, and (3) airborne contamination, such as sneezing or coughing (Ballachanda et al., 1996).

The Centers for Disease Control (CDC) have developed general infection control procedures to minimize the risk of patient acquisition of infection from transmission of an infectious agent from health-care workers to patients and from contact with contaminated devices, objects or surfaces. These procedures also protect workers from the risk of becoming infected.

Standard Precautions

Standard precautions were previously known as “universal precautions.” The CDC
recommend certain practices to prevent transmission of blood-borne pathogens. These precautions are methods of averting disease by preventing transfer of body fluids. Body fluids that may be contaminated include blood and blood products, semen, vaginal secretions, breast milk, cerebrospinal fluid, synovial fluid, amniotic fluid, pleural fluid, pericardial fluid, peritoneal fluid, mucous (ear drainage), and saliva. Cerumen is not an infectious substance per se, until it becomes contaminated with blood or mucus (Kemp, Roeser, Pearson, and Ballanchandra, 1996). Due to the potential for contamination, cerumen should always be treated as an infectious substance (Kemp et al., 1996).

Standard precautions include using hand hygiene and isolation precautions; wearing personal protective equipment; and following appropriate procedures for needle and sharps safety and disposal, medical waste disposal, and sterilization of reusable equipment. Infection control programs can include routine preventive measures (handwashing, protective barriers, and immunizations) in addition to antimicrobial processes (cleaning, disinfection, and sterilization).

**Routine Preventive Measures**

*Handwashing*

Hand hygiene is the most effective way to prevent infection and is often considered the first line of defense against germs. Hand hygiene is important for the safety of health care workers and the patients they treat.

1. Wash hands before and after each patient
2. Wash hands immediately if there is potential contamination with blood or body fluids containing visible blood
3. Wash hands after performing procedures, such as cerumen management, earmold impressions, and handling probe tips.
4. Wash hands after removing gloves
5. Handwashing technique:
   a. Use medical grade antiseptic or germicidal liquid soap
   b. Wash hands thoroughly for about 30 seconds (wash for 60 seconds if potential contamination)
   c. Use vigorous movements, using the fingers
   d. Wash hands, forearms, wrists, and under "fingernails"
   e. Rinse with warm water
   f. Dry hands with paper towel
   g. Use same paper towel to turn the water off
6. If soap and water are not available, waterless "no rinse" hand disinfectant can be used

*Protective barriers*

Personal protective equipment includes gloves, face masks, gowns, protective glasses, and other equipment used to provide a barrier of safety between the health care worker and the patient.
1. Gloves should be worn when there is potential contact with HIV positive client, when the patient's skin is non-intact, when the clinician has an open wound/non-intact skin, or when handling an item, such as an earmold impression, contaminated with blood or body fluids.
   a. Wash hands before putting on gloves
   b. Wash hands after removing gloves
   c. Unless contaminated with blood and/or body fluids, dispose of gloves in trash
   d. Gloves contaminated with blood, ear drainage, or cerumen should be placed in a small plastic bag or wrapped in paper, separate from other trash
   e. Materials containing significant amounts of blood should be disposed of in impermeable bags labeled with biohazard symbol (Kemp and Bankaitis, 2002).
   f. Change gloves after contact with each client
   g. Do not wash gloves for reuse

2. Eye protection consists of (a) eyeglasses worn for visual correction, and (b) safety type eyeglasses. Diseases can be transmitted through the eyes. Eye protection should be used when treating high risk patients, when there is a risk of splash or splatter of potentially infectious material, or when the clinician or patient is at risk of airborne contamination (Kemp and Bankaitis, 2002).

3. Masks can protect both the clinician and the patient from airborne microorganisms that might enter the body through the mouth or nose, such as tuberculosis
   a. Surgical masks are single use
   b. Dispose of mask after use
   c. Mask must fit snugly over mouth and nose

**Immunizations**

1. Screening for tuberculosis is required on an annual basis
2. Vaccination for mumps, measles, and rubella is required for admission to Auburn University
3. The best protection against hepatitis B is active immunization. Vaccines for different types of hepatitis are strongly recommended and are available at health care facilities.
4. Vaccinations for other diseases, such as influenza and pneumonia, are available from local medical facilities.

**Human Bites**

When human bites that break skin occur, routine medical care (including assessment of tetanus vaccination status) should be implemented as soon as possible. Such bites frequently result in infection with organisms other than HIV and HBV. Victims of bites should be evaluated for exposure to blood or other infectious body fluids.

The victim should notify the departmental safety officer as soon as possible after the incident has occurred. The safety officer will document the incident in writing,
and a copy of the report will be given to the offender or legal guardian and the victim. The safety officer will advise both parties to seek appropriate medical care.

**Anti-microbial Processes**

**Cleaning**

Cleaning involves the removal of gross contamination, but not necessarily elimination of germs. One cleans to remove visible debris without killing germs. Cleaning is a critical precursor to disinfection and sterilization. A mild detergent is used for cleaning. Gloves should be worn when cleaning.

**Disinfection**

Disinfection is a process by which chemical agents are used to reduce pathogenic organisms on instruments and surfaces. Disinfection means one kills certain germs, but not all germs. Disinfectants are chemical products which eliminate germicidal activity on inanimate objects. Disinfectants which kill tuberculosis kill almost every germ. Therefore, tuberculocidal hospital-grade disinfectants are recommended for health care settings. Alcohol is a disinfectant, but it ruins rubber, silicone and acrylic. Bleach is a low to mid-level disinfectant. Disinfecting can be done with sprays, wipes or soaks.

Non-critical instruments that do not come in contact with body fluids, blood, cerumen contaminated with blood (fresh or dried), and environmental surfaces can be disinfected. Non-critical equipment, including surfaces, chairs and tables, should be cleaned and disinfected.

1. Remove any visible debris with soap or detergent and water
2. Disinfect surfaces using a disposable germicidal pre-moistened cloth (Sani-Cloth) or spray
3. Potential contaminated areas, including tables, countertops, chair arm rests, and reception counters, should be disinfected.
4. Toys should be non-porous and regularly disinfected.

**Sterilization**

Sterilization is the process by which all forms of microbial life are destroyed, including bacterial spores. Critical items that come in contact with bodily fluid(s), specifically blood, cerumen containing blood, mucus, or ear drainage, should be pre-cleaned then sterilized. Also, objects that are capable of breaking the skin, such as curettes and wax loops, must be sterilized prior to re-use. There are various methods of sterilization, including: (1) steam autoclave, (2) dry heat oven, (3) chemical vapor sterilizer, (4) ethylene oxide sterilizer, and (5) chemical sterilant or cold sterilization. Gloves must be worn during sterilization process.

Pre-cleansing is essential in protecting those handling the instruments in addition to achieving complete sterilization. Pre-cleansing is accomplished by: (1) scrubbing or ultrasonic cleaning with a mild detergent, (2) rinsing with hot water, and (3) drying prior to immersing in chemical sterilant.

Glutaraldehyde (2% concentration or higher) and Sporox (7.5% hydrogen peroxide) are approved cold sterilants. Glutaraldehyde (such as Wavicide and Cidex)
require sterilization for ten hours. Glutaraldehyde is a toxic chemical; the fumes are potentially hazardous. This product should be used in a covered tray with adequate room ventilation. Contact with skin must be avoided. Sporox, on the other hand, is significantly less hazardous to use and disposal is easier. Sterilization with Sporox requires only six hours; however, it can ruin chrome, rubber, and formica.

**AUSHC procedure:**

1. "Dirty" tips, specula, curettes, and forceps are collected from each test area
2. Items are placed in a sieve and rinsed with hot water
3. Items are placed in the ultrasonic cleaner
   A. One capful of Audiologist's Choice Ultrasonic disinfectant/cleaner concentrate is added to ultrasonic cleaner
   B. Ultrasonic cleaner is filled with enough water to cover the tips and specula
   C. Cleaning cycle is done three times (at least fifteen minutes)
4. Clinician should put on gloves
5. With gloved hands, cleaned items from ultrasonic cleaner are "poured" into sieve and rinsed with hot water for several minutes
6. With gloved hands, cleaned and rinsed items are placed in covered metal tray
   A. Sporox is poured into the metal tray to cover all items
   B. Items are soaked in Sporox for at least ten hours or overnight
7. With gloved hands, sterilized items from metal tray are "poured" into sieve and rinsed with hot water for several minutes
8. With gloved hands, cleaned, rinsed, sterilized, and rinsed items are placed on paper towels to dry.
Thank you for contacting the Auburn University Speech and Hearing Clinic regarding an appointment for a central auditory processing (CAP) evaluation. Before an appointment will be scheduled, a preliminary review will be completed. The primary purpose of the review is to determine the appropriateness of conducting a comprehensive evaluation. Sometimes, predisposing factors, such as age, cognitive status, or hearing loss, affect the individual's ability to participate in the evaluation procedure. Other times, additional testing or medical examination are deemed advisable. Another purpose for the review is to avoid unnecessary referrals for testing. Assessment should not begin with an auditory processing evaluation, but should be considered after measures of speech and language skills, cognitive status, and academic abilities have been obtained.

The preliminary screening procedure involves review of multidisciplinary evaluation results, test findings, and other pertinent records. Test results, reports, and records, which are considered, include:

1. audiological evaluation
2. school-based documents (e.g., IEP, 504 plan, etc.)
3. psycho-educational/academic achievement
4. cognitive testing
5. speech-language assessment
6. physical therapy evaluation, if appropriate
7. occupational therapy evaluation, if appropriate
8. medical evaluation to rule out or treat confounding disorders (e.g., ADHD, ADD, autism spectrum disorder)

In addition to the case history form, a performance/behavior questionnaire is included for completion by the parent(s) and key school personnel. When the reports from multidisciplinary sources, the case history information, and the questionnaire(s) are received at our clinic, the information will be reviewed by the audiologist to determine the individual's candidacy for an auditory processing evaluation. If the audiologist determines that a CAP evaluation should be undertaken, you will be contacted to schedule an appointment. Then, a campus map, parking instructions, and appointment reminder card will be mailed to you.
In addition to review of background information and case history intake, the comprehensive central auditory processing test battery may include: comprehensive audiological evaluation, tympanometry, acoustic reflex thresholds, and standardized tests of central auditory processing skills. Additional testing (distortion product otoacoustic emissions [DPOAEs], auditory brainstem response [ABR]) may also be administered, when appropriate. A report, describing test procedures, test findings, interpretation, and management/intervention suggestions, is prepared. The assessment typically requires 3 to 4 hours of test time. Evaluation sessions can be completed on separate days; or, testing can be done in one day (test session in the morning, a lunch break, and test session in the afternoon).

The maximum fee for the comprehensive assessment and report is $755 when DPOAEs and ABR testing are conducted. Unfortunately, most insurance carriers do not cover the costs related to the CAP assessment; however, you are encouraged to investigate possible coverage through your insurance plan. The professional services and related CPT codes, necessary for insurance coverage, are listed below:

- Comprehensive audiological evaluation: 92557
- Tympanometry and AR thresholds: 92550
- Otoacoustic emissions: 92587
- Auditory evoked potentials: 92585
- Evaluation of central auditory function (first hour): 92620
- CAP evaluation (each add. 15 mins.): 92621

If you have any questions regarding this information, please contact me at the Auburn University Speech and Hearing Clinic (334-844-9600).

Martha W. Wilson, AuD, CCC-A
Clinical Professor
AL Licensed Audiologist
Thank you for contacting the Auburn University Speech and Hearing Clinic regarding an appointment for a balance evaluation.

A typical vestibular test battery includes: case history intake, comprehensive audiological evaluation, tympanometry, acoustic reflex thresholds (AR), videonystagmography (VNG), auditory evoked potentials (ABR), and vestibular-evoked myogenic potentials (VEMPs) and electrocochleography (ECochG). These tests are conducted on an as needed basis depending on a patient’s symptoms and hearing loss. The full assessment typically requires 3 to 4 hours of patient preparation and test time. A report, describing test procedures, test findings, interpretation, and management/intervention suggestions, is prepared and can be mailed to the referral source.

Medicare may cover vestibular assessment by an audiologist with a physician’s referral; however, many insurance carriers do not cover this testing if completed by an audiologist. Please investigate possible coverage through your personal insurance plan. The professional services and related CPT codes necessary for filing insurance are listed below:

- Comprehensive audiological evaluation 92557
- Tympanometry and AR thresholds 92550
- Auditory evoked potentials 92585
- Electrocochleography 92584
- Vestibular evoked myogenic potentials 92700
- Vestibular Assessment 92540
- Caloric testing, bithermal 92537

If you choose to pay privately for the services above, the maximum cost would be $1210.00.

Please know that since the Auburn University Speech and Hearing Clinic is a training institution, testing may be administered by Doctor of Audiology graduate student clinicians under the supervision of a licensed audiologist. If you have any questions regarding these tests or need financial assistance obtaining these services, please direct your inquiries to Dr. Kelli Watts at 334-844-9600 or mcdowkm@aubum.edu.
SECTION 3

CMDS 8910 CLINICAL PRACTICUM
DEPARTMENT OF COMMUNICATION DISORDERS
CMDS 8910 CLINICAL PROBLEMS IN HEARING

FACULTY:  Martha W. Wilson, AuD, CCC-A
Clinical Professor (AU)
Audiology Clinic Coordinator

Marsha A. Kluesing, AuD, CCC-A
Assistant Clinical Professor (AU)

Kelli M. Watts, AuD, CCC-A
Assistant Clinical Professor (AU)

Ashley Miles Goodwin, AuD, CCC-A
Director
Clinical Supervisor (AUM)

TEXT:
Clinic Manual of Policies and Procedures
The Green Book, American Academy of Audiology

COURSE DESCRIPTION:
This course is designed to provide clinical audiology practicum experience for Doctor of Audiology students, in addition to a weekly class meeting, during the first two years of the program. Before enrolling in CMDS 8910, students must provide proof of liability insurance, complete a tuberculosis test, and complete the application for a criminal background check.

LEARNER OUTCOMES:
Specific conceptual and clinical objectives of this course include items covered in ASHA’s “Knowledge and Skills Acquisition (KASA) Summary Form for Certification in Audiology”. The learner outcomes may be measured by any of the following: clinical practicum performance (1), clinical report preparation (2), homework (3), class presentation (4), and classroom participation (5).

Topics for class presentation and discussion, related to KASA objectives, may include: history intake procedures and strategies, report writing skills, counseling techniques, professionalism, ethical issues, conflict of interest issues, and patient rights.

Standard IV-A: Foundations of Practice
The applicant must have knowledge of:
A12. Principles, methods and applications of psychoacoustics
A13. Instrumentation and bioelectrical hazards
A19. Legal and ethical practices (e.g., standards for professional conduct, patient rights, credentialing, and legislative and regulatory mandates)
A21. Universal precautions and infectious/contagious diseases

The applicant must have knowledge and skills in:
A22. Oral and written forms of communication
A24. The use of instrumentation according to manufacturer’s specifications and recommendations
A25. Determining whether instrumentation is in calibration according to accepted standards

**Standard IV-B: Prevention and Identification**
The applicant must have the knowledge and skills necessary to:
B3. Screen individuals for hearing impairment and disability/handicap using clinically appropriate, culturally sensitive, and age- and site-specific screening measures
B4. Screen individuals for speech and language impairments and other factors affecting communication function using clinically appropriate, culturally sensitive, and age- and site-specific screening measures

**Standard IV-C: Assessment**
The applicant must have knowledge and skills in:
C2. Assessing individuals with suspected disorders of hearing, communication, balance, and related systems
C3. Evaluating information from appropriate sources and obtaining a case history to facilitate assessment planning
C4. Performing Otoscopy for appropriate audiological assessment/management decisions, determining the need for cerumen removal, and providing a basis for medical referral
C5. Conducting and interpreting behavioral and/or electrophysiologic methods to assess hearing thresholds and auditory neural function
C7. Conducting and interpreting otoacoustic emissions and acoustic immittance (reflexes)
C10. Preparing a report, including interpreting data, summarizing findings, generating recommendations, and developing an audiological treatment/management plan

Learner outcomes also include knowledge and skills acquired during clinical experiences, including hearing screening, audiological evaluations, hearing aid evaluations and fittings, auditory processing tests, electrophysiologic measures, and vestibular tests. Expected performance during clinical practicum will vary depending upon the student’s progression through the program.
**SCHEDULING:**

Each semester, the student will submit the class and assistantship schedule. The clinical faculty will make clinic assignments and will notify the student. Clinic assignments are made for the semester and will not be altered except in the case of an emergency.

The student should arrive at least 30 minutes before the scheduled appointment in order to complete pre-evaluation responsibilities. If a student clinician has been assigned to an evaluation and at the last moment cannot be present (i.e. medical emergency, physician’s excused illness, contagious disease, death in immediate family), it is the student’s responsibility to notify immediately by telephone the clinic secretary AND the clinical professor/instructor assigned to the case, or another available instructor. When the absence is due to illness, the clinician must present a written medical excuse to the clinical professor/instructor as soon as possible.

**CLINIC RESPONSIBILITIES:**

Clinical procedures, test techniques, and clinic responsibilities may differ among practicum sites. For example, before seeing a patient at the AUSHC, a student clinician will have thoroughly reviewed the client’s electronic records, if available, and consulted with the audiologist to discuss the patient’s history, to prepare evaluation plans, and to determine the method of payment (i.e. private pay, insurance, Medicaid, Medicare, Adult Vocational Rehabilitation Service). Prior to each evaluation, the student is responsible for contacting the patient or the parents of the patient to remind them of the appointment.

The student clinician should arrive at least 30 minutes before the appointment to prepare for the evaluation, which might include checking the equipment (audiometer, middle ear analyzer, OAE, ABR). The student should calibrate Verifit/Axiom equipment, if this equipment will be used.

As part of the clinical assignment, the student is expected to tidy the test booth and the room at the end of each evaluation. The student should clean earmolds, otoscopy specula, immittance eartips, and electrodes; put supplies away; store toys; return hearing instruments to clinic stock; etc. In general, the test rooms and instruments should be left ready for the next patients. However, if the evaluation is the last one of the day, the student should make certain all equipment and power supply to the test booth have been turned off. Computers with audiometers and networked computers for hearing aid programming are NOT turned off; however, Practice Perfect and NOAH programs should be closed, and the student should log off the network computer. The student should advise a clinical instructor immediately if any problems with equipment or otoscopes are noted.
FEE PAYMENT AND DAILY LOG:

The Auburn University Speech and Hearing Clinic assists patients on a fee for service basis. Although the University is primarily a training institution, the needs of all patients are paramount.

The student completes a green charge form for every patient seen for an evaluation or treatment. Each service is identified by the CPT (Current Procedural Terminology) code. A green charge form should be completed for every patient, even when no fees are charged (i.e. hearing aid check during professional service agreement period).

When the evaluation has been completed, the student will accompany the patient to the front office window for payment. The clinic secretary will enter the information into the patient’s medical record in Practice Perfect.

PRACTICUM HOURS:

In order to obtain ASHA certification, the student must obtain a minimum of 1820 hours of practicum experiences during the AuD program. Students are responsible for maintaining accurate documentation of clinical practicum hours.

After each evaluation, the student should complete the daily log. Each log is filed by the clinical professor/instructor’s name. The student must complete each item, including the date, site, total time of session (hours and minutes), student’s name, patient’s name, service provided, and patient’s age (child or adult). The student must initial each entry. DO NOT FORGET to complete the log after each appointment. Failure to sign the daily log by 5:00 PM on Friday will result in forfeiture of ASHA hours for unsigned entries.

Prior to the start of clinical practicum in the fall semester of the first year of the program, each student will register as a Student User in the web-based program called CALIPSO (Clinical Assessment of Learning Inventory of Performance Streamlined Office Operations). The audiology CALIPSO administrator will provide instructions and PIN numbers for student enrollment. There is a one-time cost for participation in CALIPSO. Clock hours can be submitted, approved, calculated, and tracked in CALIPSO.

The student will log in to https://www.calipsoclient/audiology/auburn, using her/his school e-mail and CALIPSO password. **To enter daily clock hours:**
1. Click on the “Clockhours” link located on the lobby page
2. Click on the “Daily clockhours” link located within the blue stripe
3. Click on the “Add new daily clockhour” link
4. Complete the requested information and click “save”
5. Record clock hours/minutes and click “save” located at the bottom of the screen. You will receive a “Clockhour saved message

**To submit clock hours for approval:**
1. Click on the “Daily clockhours” link located within the blue stripe
2. Select the record you wish to view from the drop-down menu and click “show”
3. Check the box for all dates you wish to submit for approval, then click “Submit selected clockhours for supervisor approval. The designated supervisor will receive an automatically generated e-mail requesting approval of the clock hour record.

Detailed instructions (CALIPSO instructions for audiology students) are available under Resources on the lobby page.

COUNSELING:

Students should not discuss clinic policies or any test results with a patient unless directed to do so by the clinical professor/instructor. The clinician can indicate all questions will be discussed after the testing has been completed. The clinical professor/instructor will assist the student in counseling patients.

ATTIRE:

Students in a professional doctoral program should dress appropriately in business casual attire and wear a lab coat when seeing clients. When scheduled for clinic, casual clothing (i.e. jeans, cut-offs, shorts, spaghetti strap tops, crop tops, halter tops, midriff revealing tops or pants, low cut blouses or pants, short skirts, muscle shirts, logo t-shirts, sunglasses, hats, caps, flip flips, etc.) is inappropriate. Piercings (except for ears) and tattoos should not be visible. If a student requires further guidance in this area, s/he consults with a clinical instructor.

REPORTWRITING:

Each patient evaluated in the AUSHC will have an electronic record in Practice Perfect. History form, authorization forms, test forms, reports, written documentation, hearing aid fitting information, hearing aid sales receipt, and charge forms will be scanned into the patient’s record. After each evaluation/appointment/hearing aid walk-in visit, the student will complete a report or form of written documentation to be included in the patient’s record in Practice Perfect. Templates for specific report formats are included in Practice Perfect.

All documentation must be submitted to the clinical professor/instructor within 48 hours from the completion of the appointment. After this time, the report/documentation shall be considered late, which will adversely affect the clinic grade.

For diagnostic evaluations (i.e. audiological, tinnitus, CAPD, balance), the student should prepare the report in Practice Perfect, but the test data (audiogram, tympanograms, OAEs, ABR, VNG, etc.) and addressed envelopes should be submitted to the supervising audiologist. Once the audiologist has verified the test forms, the data will be submitted for inclusion in the patient’s medical record.

For other documentation (i.e. hearing aid check, hearing aid walk-in clinic), the student should notify the supervising audiologist that the report and related data have been entered into the patient’s electronic record in Practice Perfect.
ASSESSMENT OF STUDENT CLINICAL PERFORMANCE:

The clinical professor/instructor will complete a Share Point Evaluation of Clinical Performance form (diagnostic or rehabilitation) for each evaluation/session conducted by a student clinician. There are ten items on this form. The instructor will score each item to reflect the student’s performance, relative to the clinician’s competence and the extent of supervision required. For example, 1 = Unacceptable performance (specific direction from supervisor does not alter unsatisfactory performance); 2 = Needs improvement in performance/Maximum support (maximum amount of direction from supervisor to perform effectively; clinical skills beginning to emerge); 3 = Moderately acceptable performance/Moderate support (inconsistently demonstrates clinical behavior/skill); 4 = Meets performance expectations/Minimal support (demonstrates minor technical problems which do not hinder therapeutic process); 5 = Exceeds performance expectations/Independent (adequately and effectively implements clinical skill/behavior).

Failure to be present at an assigned patient appointment will result in a reduction of the final grade by one letter grade. Failure to be present at two clinic assignments will result in a final grade of "F" for CMDS 8910.

Printed copies of the forms are filed for each student and are accessible for the student to review. The student is advised to read each form and to discuss the contents with the clinical instructor, as needed. If a student has an average rating of less than 4 on any attribute, the student will meet with the clinical professor/instructor to identify areas of concern, to provide further instruction and/or practice, and to remediate the skill.

Although the evaluation of clinical skills is an ongoing process, the student’s performance is more formally evaluated at mid-semester and at the final grading period. Each clinical professor/instructor, who has taught the student that semester, will complete a “Evaluation of Clinical Performance” summary form at mid-semester and at the end of the semester. The student’s grades on the “Evaluation of Clinical Performance” forms completed for that period of time are averaged. Grades are assigned using the following scale: A = 5.0-4.5, B = 4.4-4.0, C = 3.9-3.5, D = 3.4-3.0, F less than 3.0. The results of the summary form are discussed with each student, and the student is given an opportunity to respond to the assessment. The nature and content of this assessment tool will be discussed during a class meeting or during the student’s first mid-term evaluation.

Students must successfully complete six semesters of CMDS 8910 in order to proceed to the 3rd year clinical rotation. If a student earns a grade of C or poorer in CMDS 8910, the student will not receive ASHA hours for that semester. In addition, if a student earns a grade of C or poorer in CMDS 8910 in the sixth semester, the student will not be allowed to proceed to his/her Third Year Rotation site.

Students may withdraw from this course (with a W on the transcript) by mid-semester, but withdrawal from this class will affect the student’s progression through the Aud program and will delay graduation.
STUDENTS WITH DISABILITIES:
Students with disabilities who may need accommodations should meet with Tracy Donald, Director of the Office of Accessibility (1244 Haley Center, 844-2096 (V/T) or email tdonald@auburn.edu). Then, the student should arrange a meeting with one of the faculty members for this course the first week of classes, or as soon as possible, if accommodations are needed immediately. The Accommodation Memo and Instructor Verification form must be presented to the instructor so the student’s needs for this particular class can be discussed.

DISRUPTIVE BEHAVIOR:
Maintenance of a constructive learning environment is essential in this course. Behaviors cited as disruptive will not be tolerated and will be dealt with according to university policy (refer to https://sites.auburn.edu/admin/universitypolicies/policies/policyonclassroombehavior.pdf).

EMERGENCIES:
Situations signaled by the University fire alarm, weather siren, or other warning systems may occur during this class period or during clinic. Clinicians must assume responsibility for helping their client(s) to safety. Instructions issued by the teacher or other university personnel should be followed and may include to “shelter,” to “evacuate,” or to “barricade” in the room (refer to: Severe weather/indoor shelters are away from windows and doors in interior hallways. When sheltering, clinicians (assisting patients) and students are to walk calmly to the nearest Severe Weather Shelter Area (green and white mall-mounted signs). People in the 1100 quadrant should move through the wooden doors and into the hallway where treatment rooms are located (1159-1145). People in the 1200 quadrant should proceed into the hallway outside room 1239, where the audiology research lab is located.

When barricading in the room, turn out lights, draw blinds, turn off computers and cell phones, barricade the door, stay away from windows, and crouch behind furniture and walls.
Department of Public Safety and Security (emergency management) website: (http://www.auburn.edu/administration/public_safety/emergency/emergency_preparedness.html)

**The clinical professors/instructors reserve the right to change the class schedule as necessary and will notify students of any changes as soon as possible.**

Revised May 2016
EVALUATION OF CLINICAL PERFORMANCE  (Diagnostic Evaluation)

Each item is scored on a scale of 1-5:
1 = Unacceptable performance (specific direction from supervisor does not alter unsatisfactory performance)
2 = Needs improvement in performance/Maximum Support (maximum amount of direction from supervisor to perform effectively; clinical skill beginning to emerge)
3 = Moderately acceptable performance/Moderate Support (inconsistently demonstrates clinical behavior/skill)
4 = Meets performance expectations/Minimal Support (demonstrates minor technical problems which do not hinder therapeutic process)
5 = Exceeds performance expectations/Independent (adequately and effectively implements clinical skill/behavior)

N/A = Not applicable or not observed

1. Pre-evaluation planning
   A. Schedule meeting with supervisor; assume professional level of responsibility and initiative
   B. Review records/referral; verify payment/insurance
   C. Select culturally sensitive, age appropriate tests
   D. Utilize resources; utilize interpreter, if appropriate
   E. Prepare equipment/supplies/materials

2. Case history interview
   A. Review appropriate/relevant information
   B. Elicit patient’s concerns
   C. Request clarification, as necessary; formulate follow-up questions
   D. Display effective oral forms of communication

3. Appropriate interaction with patient
   A. Meet patient on time; greet patient appropriately
   B. Create rapport; demonstrate empathy
   C. Elicit patient’s perceptions and experiences; involve patient in decision making
   D. Conduct oneself in professional, ethical manner

4. Assessment
   A. Demonstrate appropriate use of equipment; utilize instrumentation according to manufacturer’s specifications
   B. Demonstrate correct and efficient administration of tests
   C. Apply logical and appropriate test sequence
D. Determine need for cerumen removal; remove cerumen, when appropriate
E. Demonstrate efficient use of time and flexibility

5. Test scoring
   A. Demonstrate ability to accurately/correctly score tests
   B. Demonstrate ability to accurately describe audiogram, speech audiometry, acoustic immittance, OAEs, etc.
   C. Demonstrate ability to interpret test results to establish type and severity of disorder

6. Diagnosis
   A. Demonstrate ability to integrate behavioral and/or electrophysiologic test findings
   B. Demonstrate ability to determine audiological/vestibular diagnosis
   C. Demonstrate ability to determine site of lesion

7. Communication with patient, family members, caregivers
   A. Interact effectively with patient, family members, caregivers, and appropriate other individuals
   B. Demonstrate ability to deliver and explain diagnostic test results
   C. Demonstrate ability to explain purpose and rationale of each test
   D. Demonstrate ability to describe purpose and rationale of recommended management

8. Recommendations
   A. Present individualized, audiologic treatment/management plan
   B. Include usual and customary recommendations
   C. Present appropriate referral(s) to other professionals, agencies, and/or consumer organizations
   D. Determine patient response to recommendations/referrals

9. Preparation/completion of written documentation
   A. Submit documentation on time in appropriate format
   B. Present accurate and pertinent information, data
   C. Present content in organized manner with professional writing style
   D. Prepare grammatically correct/no spelling errors
   E. Present appropriate appearance of audiogram, forms, file content, envelopes, etc.
   F. Maintain records in a manner consistent with legal and professional standards

10. Utilize guidance from clinical faculty, team members, and other professionals
    A. Demonstrate ability to accept and discuss written and verbal feedback
    B. Demonstrate receptive attitude to learning
    C. Utilize feedback/guidance to develop professional growth
    D. Show insight into limitations and strengths
    E. Demonstrate initiative
EVALUATION OF CLINICAL PERFORMANCE (Rehabilitation)

Each item is scored on a scale of 1-5:
1 = Unacceptable performance (specific direction from supervisor does not alter unsatisfactory performance)

2 = Needs improvement in performance/Maximum Support (maximum amount of direction from supervisor to perform effectively; clinical skill beginning to emerge)

3 = Moderately acceptable performance/Moderate Support (inconsistently demonstrates clinical behavior/skill)

4 = Meets performance expectations/Minimal Support (demonstrates minor technical problems which do not hinder therapeutic process)

5 = Exceeds performance expectations/Independent (adequately and effectively implements clinical skill/behavior)

N/A = Not applicable or not observed

1. Planning
   A. Schedule meeting with supervisor; assume professional level of responsibility and initiative
   B. Review records/referrals; verify payment/insurance
   C. Prepare, develop, and execute culturally sensitive and age appropriate audiologic/rehabilitative management plan
   D. Prepare equipment/supplies/materials

2. Case history interview
   A. Review appropriate/relevant information
   B. Elicit patient’s concerns
   C. Ask open-ended questions; formulate follow-up questions
   D. Display effective oral forms of communication

3. Appropriate interaction with patient
   A. Meet patient on time; greet patient appropriately
   B. Create rapport; demonstrate empathy
   C. Elicit patient’s perceptions and experiences; involve patient in decision making
   D. Determine patient’s expectations for appointment
   E. Conduct oneself in professional, ethical manner

4. Assessment
   A. Demonstrate ability to evaluate, select, and dispense hearing aids, sensory aids, hearing assistive technology, alerting systems and captioning devices
B. Demonstrate ability to verify and validate hearing aids, sensory aids, and hearing assistive technology

5. Consultation
   A. Demonstrate ability to counsel related to psychosocial aspects of hearing loss/auditory dysfunction
   B. Demonstrate ability to counsel related to processes to enhance communication competence
   C. Demonstrate ability to counsel related to communication strategies, including: auditory training and speechreading

6. Intervention
   A. Recommend, dispense, and service hearing aid and assistive devices
   B. Provide hearing aid, hearing assistive technology, and assistive sensory device orientation
   C. Conduct audiolingual rehabilitation
   D. Document treatment services and results of intervention
   E. Evaluate efficacy of treatment/intervention

7. Communication with patient, family members, caregivers
   A. Interact effectively with patient, family members, caregiver, and other appropriate individuals; encourage dialogue
   B. Demonstrate ability to describe rationale behind recommended treatment/intervention/management strategies
   C. Respond appropriately to questions from patient, family members, caregivers, and other appropriate individuals

8. Recommendations
   A. Present individualized, audiolingual treatment/management plan
   B. Include usual and customary recommendations/suggestions
   C. Present appropriate referral(s) to other professionals, agencies, and/or consumer organizations
   D. Determine patient’s response to recommendations/referrals

9. Preparation/completion of written documentation
   A. Submit documentation on time in appropriate format
   B. Present accurate and pertinent information, data
   C. Present content in organized manner with professional writing style
   D. Prepare grammatically correct/no spelling errors
   E. Present appropriate appearance of audiogram, forms, file content, envelopes, etc.
   F. Maintain records in a manner consistent with legal and professional standards

10. Utilize guidance from clinical faculty, team members, and other professions
    A. Demonstrate ability to accept and discuss written and verbal feedback
    B. Demonstrate receptive attitude to learning
C. Utilize feedback/guidance to develop professional growth
D. Show insight into limitations and strengths
E. Demonstrate initiative
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<thead>
<tr>
<th>Topic</th>
<th>Mid-semester</th>
<th>End of semester</th>
<th>Average</th>
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<td>Pre-evaluation and Planning</td>
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<td>Case History Interview</td>
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<td>Appropriate interaction with patient</td>
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<td>Assessment</td>
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<td>Diagnosis</td>
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<td>Communication with patient, family members, caregivers</td>
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<td>Recommendations</td>
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<td>Preparation/completion of written documentation</td>
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<td>Utilization of guidance from clinical faculty, team members, and other professionals</td>
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<td>Total Score</td>
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</table>

Final Letter Grade: _____________

Mid-term
Student: ____________________________  Clinical Faculty: ____________________________  Date________

Final
Student: ____________________________  Clinical Faculty: ____________________________  Date________
INDEMNITY AND HOLD HARMLESS AGREEMENT

I. ________________, the undersigned know and understand the scope, nature, and extent of the risk involved in participating in class assignments and clinical activities beginning ________ (date). The undersigned exempts and releases Auburn University, its Board, officers, faculty, and staff from any and all liability claims, demands, or actions or causes or action whatsoever arising out of any damage, loss, or injury to the undersigned.

The undersigned also agrees to indemnify, and save and hold harmless, Auburn University, its Board, officers, faculty, and staff from any and all liability claims, demands, or actions or causes or actions or proceedings of every kind and character which may be presented or initiated by any persons, organizations, or third parties which arise directly from the participation of the undersigned in the above activities. In other words, I will not sue Auburn University for any reason relating to my participation in these activities.

____________________________________ ___________________________
Signature  Date

____________________________________ ___________________________
Signature, Witness  Date
STUDENT EVALUATION OF TEACHING AND SUPERVISION

At the end of each semester, students are encouraged to complete evaluations for courses and clinical supervision. Responses are anonymous and cannot be identified to an individual.

Evaluation of courses is completed through the AU eValuate program, which is a web-based software application that allows students to anonymously evaluate courses and instructors online. Students will receive email notification when the eValuate program is available. Students are asked to evaluate the instructor for each course, by responding to the following questions:
1. The instructor explained course material clearly
2. The instructor encouraged me to think critically
3. The grading techniques were clear and fair
4. The instructor created a conducive atmosphere for learning
5. The instructor enhanced my interest in the subject
6. The instructor was available and approachable outside of class
7. The instructor provided timely feedback on graded material

Evaluation of clinical supervision is completed using the Evaluation of Clinical Instructor (CI) by CMDS Student form. Students are asked to complete this evaluation form for each audiology faculty, who supervised them during the semester. The students use a rating scale in response to nine questions. Also, they can provide additional comments. Forms are provided for the students, who complete their evaluation without the presence of the instructor. Students return the form to the departmental secretary, who prepares a summary of the responses for each faculty member.
SECTION 4

DOCUMENTATION OF PRACTICUM HOURS
DOlCUMENTATION OF PRACTICUM HOURS  
IN ACCORDANCE WITH ASHA AUDIOLOGY STANDARDS

Applicants for ASHA certification must complete a minimum of 1,820 hours of supervised clinical practicum sufficient in depth and breadth to achieve the knowledge and skills outcomes described in Standard IV. Students shall participate in practicum only after they have had sufficient preparation to qualify for such experience.

Students must obtain a variety of clinical practicum experiences in different work settings and with different populations so they can demonstrate skills across the scope of practice in audiology.

Supervision of clinical practicum must include direct observation, guidance, and feedback to permit the student to monitor, evaluate, and improve performance and to develop clinical competence. Supervision must be provided by individuals who hold the ASHA Certificate of Clinical Competence (CCC) in Audiology.

The student must maintain documentation of time spent in supervised practicum, verified by the academic program in accordance with Standard IV. Beginning fall semester 2016, documentation of clinical clock hour experience records will be entered and maintained in Calipso (Clinical Assessment of Learning Inventory of Performance Streamlined Office Operations), a web-based application. Clock hours can be tracked, submitted, approved, and calculated within Calipso. In the interim, the following procedures will be followed:

DOlCUMENTATION
1. The Daily Work Log, located in the notebook in the clinician’s room (HC 1166), is the weekly record of services rendered at the Audiology Clinic. The log is used to verify ASHA hours earned by clinicians. Documentation should include the following information:
   A. date of service
   B. site (location)
   C. length of session (record exact amount of time)
   D. audiologist/instructor
   E. student’s name
   F. patient’s name
   G. patient’s age
   G. type of service (audio, HAC, HAD, ABR, APD)
   H. student clinician initials entry

2. The Audiology Weekly Hour Log is the record maintained by each audiology clinician, documenting practicum experiences earned each week through the semester. When the Calipso procedure becomes standardized, we anticipate that the Weekly Hour Log will be discontinued, and the student clinician will submit practicum hours to her/his Clinical Clock Hour Experience Record in
Calipso. The audiologist(s) will approve the clinical practicum hours electronically.
A. Practicum time on this log must correspond with entries on the Daily Work Log.
B. The Weekly Hour Log is submitted by 4:00 PM Friday afternoon to the designated faculty member.
C. Each clinician should retain a copy of the Weekly Hour Log.

3. At the end of each semester, a Semester Summary of Supervised Clinical Practicum in Audiology form must be submitted. When the Calipso procedure becomes standardized, we anticipate that preparation of this form will be discontinued. The clinical practicum hours for each semester will be approved electronically, and signatures of supervisors will be entered electronically.
A. The student should verify the total number of hours for the semester with the designated faculty or staff member.
B. The form can be typed or prepared with the computer template.
C. The Summary form is reviewed by the clinical faculty at the end of semester meeting with each student.
D. When the documentation has been approved, the Summary form must be initialed by each designated faculty member.
E. Every effort should be made to submit the Summary form before the student leaves campus at the end of the semester. The completed form must be submitted to the designated faculty member no later than the first Friday of the following semester. If the form is not submitted by the deadline, the student will not receive practicum hours for that semester.
F. The Summary form will be placed in the student’s permanent file.
POLICY REGARDING STUDENT PRACTICUM HOURS
FOR OFF-CAMPUS ACTIVITIES

1. When students participate in off-campus screening activities and are supervised by non-Auburn University personnel, students may only receive ASHA practicum time for actual screening/assessment activities. The actual practicum time will be determined by the supervisor.

2. When students participate in screening activities at HeadStart programs and are supervised by Auburn University faculty, that faculty member will make the decision regarding the total amount of ASHA practicum time. For example, if the student travels with the faculty member, who conducts pre-staffing or post-staffing discussions during the travel time, the faculty member may “award” more practicum time, in addition to the actual time spent testing the children.
## DOCTOR OF AUDIOLOGY
### RECORD OF CLINICAL EXPERIENCES

**NAME_______________________________ WEEK OF ______________________**

<table>
<thead>
<tr>
<th>EVALUATION</th>
<th>DATE</th>
<th>FACULTY</th>
<th>CHILD</th>
<th>ADULT</th>
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<tbody>
<tr>
<td>Audiological evaluation</td>
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<td>Tinnitus evaluation</td>
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<td>Balance Assessment</td>
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| TREATMENT                                                                 |      |         |       |       |
| Selection, verification, use of amplification                              |      |         |       |       |
| Selection, verification, use of amplification                              |      |         |       |       |
| Selection, verification, use of amplification                              |      |         |       |       |
| Selection, verification, use of amplification                              |      |         |       |       |
| Selection, verification, use of HAT                                        |      |         |       |       |
| Perceptual training (auditory and/or visual)                               |      |         |       |       |

| SPEECH AND LANGUAGE                                                        |      |         |       |       |
| Evaluation, screening of speech/language disorders                         |      |         |       |       |
| Treatment of speech/language disorders                                     |      |         |       |       |

**TOTAL**
# Cumulative Documentation of Clinical Experiences

**Clinician:** [Name]

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<tr>
<th></th>
<th>Fall #1 20___</th>
<th>Spring #1 20___</th>
<th>Summer #1 20___</th>
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<td>Other</td>
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SECTION 5

SCREENING
HEARING AND SPEECH SCREENINGS
MINIMAL REQUIREMENTS FOR STUDENT CLINICIANS

FOR AUDIOLOGY STUDENTS TO CONDUCT SPEECH/LANGUAGE SCREENING:

1. Conduct parental interview
2. Score articulation screening test
3. Calculate mean length of utterance
4. Be familiar with expected developmental milestones

MUST ATTEND MANDATORY TRAINING MEETING ON SCHEDULED DATE

FOR SPEECH PATHOLOGY STUDENTS TO CONDUCT AUDIOMETRIC SCREENING:

1. Completion of CMDS 4650 or equivalent (introduction to audiology clinic course to include pure tone air conduction testing, tympanometry, and otoscopy)

MUST ATTEND MANDATORY TRAINING MEETING ON SCHEDULED DATE
COMMUNITY FREE SCREENINGS

The Auburn University Speech and Hearing Clinic conducts free screenings for the public approximately once a semester. The only restriction for these screenings is that young children must be accompanied by a parent or a guardian.

Audiometric Screening Procedures:
1. Otoscopy should be conducted prior to the screening.
2. Audiometric screening follows these guidelines:
   Adults
   • Screen at 20dB HL at 500, 1000, 2000, and 4000Hz
   • Screen at 3000Hz when appropriate
   • Conduct tympanometry when appropriate
   Children
   • Screen at 15dB HL at 500, 1000, 2000, and 4000Hz
   • Conduct tympanometry
3. Depending on the result of the testing, additional procedures, such as tympanometry, threshold testing or otoacoustic emissions, may be conducted.
4. Each client seen for hearing screening should have a screening card, on which the clinician will write the outcome of the screening. This card should be returned to the NSSLHA/SAA volunteers after the client leaves.
5. If a client fails a screening, he/she should be re-instructed, the earphones should be re-positioned, and he/she should be re-screened.
6. Following the screening, the client should be counseled regarding its outcome by the clinician and/or the audiologist. If an evaluation is recommended, the clinician should accompany the client to the reception window to schedule an appointment.
7. At the conclusion of the screening program, the clinician should be sure that eartips and specula are cleaned, equipment is turned off, toys are put away, etc.
8. The clinician should record the amount of time spent on the Daily Work Log.
9. Clinicians must remember that clinic guidelines regarding privacy and confidentiality apply during a free screening. One should avoid discussing a client's problems or concerns in the waiting room, hallway, or other public place.
1. A party requesting service qualifies as not-for-profit agency, organization, company, etc.

2. Screening tests provided for identification purposes only (i.e. identify possible hearing problem or communication disorder); not for diagnostic purposes

3. Testing or results of testing are not required or mandatory by the requesting party; local, state, or federal government; or other agency

4. Screening services provided in combination with services from other health care providers, vendors, companies, etc.

5. Screening services are available to the public

EXCEPTION TO GUIDELINES:

1. CMDS/Speech & Hearing Clinic has established partnership with other Auburn University Departments/groups in providing services to requesting party
1. Students may participate in off-campus screening services with the following provisions
   A. Off-campus supervisors (non-AU faculty) must hold the ASHA Certificate of Clinical Competence and state licensure (unless exempt from licensure)
   B. Off-campus supervisors must be on-site 100% of the time
   C. Off-campus supervisors must provide 50% direct supervision of each student clinician per patient
2. An off-campus supervisor (who is supervising/training AUSHC student clinicians) may borrow a portable audiometer to be used during the screening activity. The supervisor will sign an equipment use agreement, specifying the checkout date and time, location of equipment use, and return time and date (refer to attached form). The individual/organization is responsible for repair or replacement of the equipment due to damage or loss (cost determined by the AUSHC).
3. AUSHC faculty members may provide screening services at off-campus locations at the rate of $120/hour per faculty member, including travel time from the AUSHC until the individual returns to the AUSHC.
   A. Student clinicians may participate in the screening services, with supervision by AUSHC faculty member
   B. AUSHC equipment may be used for testing purposes
   C. Additional charge of $30/participant will be incurred when tympanometry and otoacoustic emissions testing are conducted
4. AUSHC faculty members may provide screening services at local, off-campus locations, such as day care centers, at a fee of $10 per screening ($15 for hearing and speech screening) per child when the screening is provided on an individual basis (e.g., parent is responsible for fee, rather than contract with the facility)
   A. Student clinicians may participate in the screening services
   B. AUSHC equipment may be used for testing purposes

_____________________________ ____________________________ __________________
Off-campus supervisor  Signature    Date

_____________________________ ____________________________ __________________
AUSHC representative  Signature    Date
EQUIPMENT USE AGREEMENT

Equipment_______________________________________ Serial #___________________

Function verified by_______________________________ Date_____________________

Check-out Date and Time___________________________________________________

Equipment location_________________________________________________________

Expected Return Date and Time_____________________________________________

I, _______________________________, agree to repair or replace the equipment (at cost
determined by the AUSHC) in the event of damage/malfunction from mistreatment, or
loss.

Signature___________________________________________________________________

Phone number__________________________ Email______________________________

TO BE COMPLETED BY AUSHC:

Date and Time returned_________________ Received by_______________________

Function verified by_____________________ Date________________________________
SECTION 6

AU DEPARTMENT OF PUBLIC SAFETY AND SECURITY
CAMPUS EMERGENCY NOTIFICATIONS

The emergency notification systems on campus are in place to notify faculty, staff, and students of imminent and urgent situations that may affect the campus.

The following notification systems are in place:

AU ALERT

AU ALERT is an emergency notification system that notifies faculty, staff, and students of critical information and situations affecting campus through the use of text messages, voice messages to multiple phone numbers, email, and more. Sign up for AU ALERT at www.auburn.edu/aualert. This system makes immediate notifications across campus without delay.

TONE ALERT RADIOS

Tone alert radios have been placed in all regularly occupied buildings on campus. The radios broadcast a warning tone and then specific information such as severe weather warnings or other emergencies on campus.

OUTDOOR WARNING SIRENS

Outdoor warning sirens are in place around campus to alert people of severe weather. Once the sirens are activated, members of the campus community should seek shelter and tune to radios or television for updates and instructions. These sirens could also be used in the event of other emergencies. However, activation will still require seeking shelter from the outdoors.

NOAA WEATHER RADIOS

NOAA weather radios are located in some buildings on campus. The NOAA weather alert radios receive information directly from the National Weather Service. This information includes current weather and also any issued watches or warnings.

BUILDING FIRE ALARMS

Fire alarms are in place to notify building occupants of possible fire dangers in the building. If you hear the fire alarm, evacuate the building immediately.

FUTURE SYSTEMS

Other communications systems such as public address systems and building intercoms are being evaluated and could be in place very soon. (Last updated: Sept. 29, 2010).
Auburn University has installed a weather monitoring radar system that can track approaching storms across the state of Alabama and beyond.

Auburn University maintains contact with local and state emergency management agencies as well as the National Weather Service.

Upon receipt of a severe weather watch or warning, tone alert radios in buildings on campus will be activated. The nature of the emergency will be given along with instructions on how to remain safe.

Upon receipt of a tornado warning, the outdoor warning sirens will be activated.

The Lee County Emergency Management Agency tests the outdoor tornado sirens every fourth Wednesday at noon.

**DEFINITIONS**

**WATCH:** Conditions are favorable for the development of severe weather in the Auburn area. Everyone should closely monitor the situation in case it gets worse.

**WARNING:** Severe weather has actually been observed, and there is an imminent threat to the Auburn area. Listen closely to instructions provided by weather radios/emergency officials.

**THUNDERSTORMS**

- Frequently have high winds, cloud-to-ground lightning, heavy rain, and tornados.

**LIGHTNING**

- Stay away from telephones, electrical appliances, and plumbing.
- If you can hear thunder, you are close enough to the storm to be struck.
- Go to a safe shelter immediately.

**IN THE EVENT OF SEVERE WEATHER**

**Designated Campus Severe Weather Shelters**

- If you hear the weather siren or radio alerts, take shelter immediately in designated shelter locations.
- Sirens mean that there is a TORNADO WARNING, and you should seek shelter immediately.
- If shelter is not available, move to the center and lowest point of your building.
- Stay away from windows and doors to prevent injury from glass or other flying objects.
- Cover your head with any heavy/bulky object to protect yourself.
- Do not go outdoors to see the storm. Trained storm spotters will be monitoring the situation.
• If you are in a vehicle, seek shelter in a building, ditch, or other safe place. Automobiles are very dangerous during high winds.
• If flood water rises, do not attempt to wade or travel through the stream. Even small amounts of water can be very dangerous.
• Report any injury/damage to the 911 dispatcher. Provide them as much information as possible to respond to the emergency.
• Once the storm has cleared, notify Public Safety & Security/Emergency Management at (334) 844-8888 of any damages or injuries.
WHAT TO DO IN THE EVENT OF A CAMPUS EMERGENCY

Emergencies can occur at any time, often without warning. This site can help you deal with many emergency situations appropriately. Your judgment often determines whether an incident is an emergency. If in doubt, err on the side of safety.

AU utilizes the City of Auburn Police and Fire departments. Ambulance service is contracted with East Alabama Medical Center EMS. All can be reached by calling 911.

• If you have an EMERGENCY requiring police, fire, or ambulance, call 911 without delay.
• When you call 911 for emergency services, stay on the line and give the following information:
  o Your name, telephone number and exact location.
  o The location of the emergency.
  o The nature and extent of the emergency (i.e., Are there injuries and how many?)
• Be informed and prepared in advance. Do not wait until an emergency strikes to know what to do.
• Be aware of your surroundings, and report any suspicious activities.
• Know where the fire alarm activation pull stations are located in your building and how to evacuate your building if the alarm is set off.
• Emergency call boxes have been installed in different locations around campus. The call boxes call 911 when activated. Call boxes are equipped with a blue light for identification.

Questions or suggestions regarding the procedures and response on campus should be directed to the AU Emergency Management Director, or the AU Public Safety Director.
Auburn University
Active Shooter Incident

Secure immediate area:
• Lock and barricade doors
• Turn off lights
• Close blinds
• Block windows
• Turn off radios and computer monitors
• Keep occupants calm, quiet, and out of sight
• Keep yourself out of sight and take adequate cover/protection i.e. concrete walls, thick desks, filing cabinets (cover may protect you from bullets)
• Silence cell phones
• Place signs in exterior windows to identify the location of injured persons

Un-Securing an area:
• Consider risks before un-securing rooms
• Remember, the shooter will not stop until they are engaged by an outside force
• Attempts to rescue people should only be attempted if it can be accomplished without further endangering the persons inside a secured area.
• Consider the safety of masses –vs- the safety of a few
• If doubt exists for the safety of the individuals inside the room, the area should remain secured

Contacting Authorities:
• Use Emergency 911
• 501-3100 Auburn Police

(non-emergency line)
Be aware that the 911 system will likely be overwhelmed. Program the Auburn Police administrative line (501-3100) into cell phone for emergency use.

What to Report:
• Your specific location- building name and office/room number
• Number of people at your specific location
• Injuries- number injured, types of injuries
• Assailant(s)- location, number of suspects, race/gender, clothing description, physical features, type of weapons (long gun or hand gun), backpack, shooters identity if known, separate explosions from gunfire, etc

Police Response:
• Objective is to immediately engage assailant(s)
• Evacuate victims
• Facilitate follow up medical care, interviews, counseling
• Investigation
SECTION 7

PROFESSIONAL ISSUES
EXCUSED ABSENCE FROM CLASS/CLINIC

Due to the intensity and sequence of courses and clinic placements in the AuD program, consistent attendance in classes and clinic is imperative. Students must submit written documentation (email or letter) to academic and/or clinical faculty requesting absence from classes and/or clinic in order to attend a professional event (e.g. AAA convention, ALAA conference, ASHA convention, SHAA convention). Students can request permission to attend up to two professional activities per academic year (fall through summer semesters). Faculty will determine if the absence will disrupt the class sequence or clinic coverage, and will grant or deny absence.

If the student wishes to attend more than two professional events in an academic year, the student must submit a written request to the AuD Standards Committee at least two weeks in advance of the anticipated absence. The Committee will review each request on an individual basis.

EXCUSED ABSENCE FOR INTERVIEWS

Students may request from the AuD Standards Committee to be absent for documented interviews for third year clinical rotation and fourth year clinical residency. Acceptable documentation for the interview includes a letter from the prospective site or an email from a representative of the prospective site. The student should submit the “Request for Absence to Interview” form (available on AuD website) at least one week in advance of the scheduled interview.

LEAVE OF ABSENCE

If a student requires a leave of absence from the program for an extended period of time due to a documented health issue, the student must notify the Standards Committee in writing. If absence is due to a documented health issue, the Standards Committee will consider re-instatement into the program at an appropriate time, in light of the sequence of coursework and clinic assignments. If the request for an extended leave of absence is not due to a documented health issue, the Standards Committee will consider the merits of the student’s request on an individual basis.

PERSONAL CARE AND PROFESSIONAL ATTIRE STANDARDS

The following standards for professional attire apply to students enrolled in the Doctor of Audiology program. Standards of attired are intended to be self-regulated. Students inappropriately dressed may be asked to wear a lab coat, provided by the Department, or may be dismissed from the clinic assignment. Questionable or disputed cases of dress or grooming will be presented to the Standards Committee.
1. Adequate precautions should be taken to maintain good personal hygiene, including regular bathing, use of deodorants and regular dental hygiene.

2. Hair maintenance
   A. Women: neat and clean, styled off the face and out of the eyes.
   B. Men: neat and clean, styled off the face and out of the eyes. Beards and mustaches should be clean and well groomed.

3. Other personal care considerations
   A. Cologne, perfume or aftershave is not recommended in the patient care setting due to patient allergies and sensitivities.
   B. Nails should be well groomed
   C. Jewelry and accessories should be non-distracting

4. Appropriate attire
   A. Women: clean, business casual styled clothing and shoes
   B. Men: clean, business casual styled clothing and shoes
   C. Items specifically not permitted under any condition:
      1. hats or caps
      2. jeans of any color
      3. leggings are only to be worn under a skirt or a dress
      4. shorts, cargo pants, culottes, skorts, mini-skirts
      5. sweatpants, sweatshirts, T-shirts with lettering, midriff tops
      6. athletic shoes, clogs, “flip-flops”, “Birkenstock”, or beach shoes
      7. jewelry in pierced noses, lips, tongue or other exposed body parts, other than ears
      8. visible tattoos
Auburn University is committed to providing a working and academic environment free from discrimination and harassment and to fostering a nurturing and vibrant community founded upon the fundamental dignity and worth of all its members.

In accordance with applicable federal law, Auburn University complies with all regulations regarding unlawful discrimination against or harassment of its students. Any form of discrimination or harassment related to a student’s race, color, sex, religion, national origin, age, sexual orientation, or disability (protected classes) is a violation of University policy. This policy is intended to cover any prohibited harassment of or discrimination against a student by other students, employees, or University agents. This policy also covers harassment of students by non-employees on University property or while engaged in University-sponsored activities, as well as discrimination against students by University contractors.

REPORTING AND RESOLUTION PROCEDURES
Students who believe they have been discriminated against on the basis of their race, color, sex, religion, national origin, age, sexual orientation, or disability should report incidents to the Office of Affirmative Action/Equal Employment Opportunity (AA/EEO). In addition to the Office of Vice President for Student Affairs, all faculty, staff, and administrators should assist students in directing their harassment and/or discrimination complaints to the Office of AA/EEO.

The Office of AA/EEO will investigate the incident and will consult with witnesses and other appropriate University officials as necessary. Complaints will be handled on a “need to know” basis with a view toward protecting the complaining party from possible reprisal and protecting the accused from irresponsible or mistaken complaints.

DEFINITIONS
- Discrimination is defined as conduct directed at a specific individual or a group of identifiable individuals that subjects the individual or group to treatment that adversely affects their employment or education because of their race, color, religion, national origin, age, disability, citizenship, veteran status or sexual orientation.
- Harassment as a form of discrimination is defined as verbal or physical conduct that is directed at an individual or group because of race, color, religion, national origin, age, disability, citizenship, veteran status or sexual orientation when such conduct is sufficiently severe, pervasive or persistent so as to have the purpose or effect of interfering with an individual’s or group’s academic or work performance; or of creating a hostile academic or work environment. The term "harassment" includes but is not limited to: slurs, jokes, or other graphic or physical conduct relating to a student’s race, color, sex, religion, national origin, age, disability, or veteran’s status.
Verbal conduct is defined as oral, written, or symbolic expressions that: personally describe or is personally directed at a specific individual or group of identifiable individuals; and is not necessary to an argument for or against the substance of any political, religious, philosophical, ideological, or academic idea.

**SEXUAL HARASSMENT**

Harassment also includes any coercive sexual behavior used to control or influence a student. It may be manifested by verbal and/or physical actions, gestures, unnecessary touching, leering at a person's body, attempts to embarrass, request for sexual favors, and physical assault.

Sexual harassment in academic settings, and in the employment arena where students are involved, is defined as unwelcome sexual advances, requests for sexual favors, and other verbal, graphic, or physical conduct of a sexual nature when:

1. Submission to such conduct may be explicitly or implicitly a term or condition of a student's academic success or employment; or
2. Submission to or rejection of such conduct may be used as the basis for employment or academic decisions affecting the student and the student's total educational and/or work experience; or
3. Such conduct has the purpose or effect of substantially interfering with a student's employment or academic performance or creates an intimidating, hostile or offensive work or educational environment.

Students who feel that they have been sexually harassed should report their complaint to the Division of Student Affairs. This office, in consultation with the Affirmative Action Office, will investigate the incident, consult with other appropriate University officials if necessary, and will resolve the complaint if possible.

September 2014
PROFESSIONAL ORGANIZATIONS

1. 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. Auburn University has a local chapter with membership available to all Doctor of Audiology students. http://www.audiology.org/SAA/

2. The National Student Speech-Language and Hearing Association (NSSLHA) is a pre-professional membership association for students interested in the study of communication sciences and disorders. Auburn University has a local chapter of NSSLHA with meetings opened to all interested persons. Dues for the National Level are $60.00 each year. Applications and additional information may be obtained from the NSSLHA Faculty Advisor in the Department of Communication Disorders or by visiting www.nsslha.org.

3. The American Speech Language Hearing Association (ASHA) is the professional, scientific, and credentialing association for members and affiliates who are audiologists, speech-language pathologists, and speech, language, and hearing scientists. Further information may be located at www.asha.org or by calling the ASHA Action Center at 1-800-638-8255.

4. Membership in the Speech and Hearing Association of Alabama consists of six classes: Full, Associate, Student, Sustaining, Life, and Corporate Contributing.
CODE OF ETHICS

Students should be familiar with rules, regulations, and code of ethics established by state licensure laws and professional organizations.

AMERICAN ACADEMY OF AUDIOLOGY (AAA):

http://www.audiology.org/resources/documentlibrary/Pages/codeofethics.aspx

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION (ASHA):

http://www.asha.org/Code-of-Ethics/

ALABAMA BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY (ABESPA):