

# CLIENT HANDBOOK



















# **CLIENT RIGHTS**

These rights belong to the person or persons being served. For sound legal or medical reasons, a family member, quardian, or legal representative may exercise these rights on the person's behalf.

### PERSONAL INTERACTIONS

- 1. The right to be treated with dignity and respect.
- 2. The right to personal privacy and confidentiality of information to the extent permitted by law.
- 3. The right to receive written notice of your rights as early as possible when receiving care.
- 4. The right that services be provided without regard to race, ethnicity, gender, age, religion, national origin, sexual orientation, or disability.
- 5. The right to receive care that recognizes cultural or religious beliefs.
- 6. The right to receive care that is free from abuse or harassment.
- 7. The right to file a complaint without retribution and to ask for and receive prompt review and resolution of the complaint

# SERVICE DELIVERY

- 1. The right to be involved in all aspects of your care and to assist in the development and implementation of your own plan of care.
- 2. The right to receive a clear and complete explanation of your status (e.g., diagnosis, treatment options, prognosis, etc.) and to be informed of potential or lack of potential for improvement in terms you can understand.
- 3. The right to accept or reject services and recommendations to the extent permitted by law and the right to express your choices of goals and methods of service delivery.
- 4. The right to know the name and professional qualifications of the person or persons providing services.
- 5. The right to accept or reject participation in teaching, research, or promotional activities.
- 6. The right, to the extent permitted by law, to review information contained in your records, to receive explanation of record entries on request, and to request correction of inaccurate records.
- 7. The right that services be provided in a timely and competent manner, which includes making referrals to other appropriate professionals when necessary.
- 8. The right to adequate notice of and reasons for discontinuation of services, an explanation of these reasons, in person, on request; and referral to other providers, if so requested.
- 9. The right to know, in advance, the costs for services, regardless of the method of payment.
- 10. The right to receive a clear explanation of your bill.

# **CLIENT RESPONSIBILITIES**

Clients are considered part of the service team and have a responsibility to actively participate in the evaluation and treatment process and completely inform CHSC of their needs and abilities.

- 1. Clients must provide the most accurate and current information regarding personal health, restrictions, and risks including but not limited to past illnesses, hospital stays, and use of medicine and immediately notify a client care coordinator or service provider of any changes. We encourage our clients to keep this information easily accessible. Some examples include using smart phone apps, the note function on a smart phone, or a printed copy.
- 2. Clients must provide complete information regarding insurance coverage and eligibility and immediately notify a client care coordinator or service provider of any changes.
- 3. Parents of children 18 years and younger must stay in the building during the entire time the child is participating in the scheduled appointment.
- 4. Actively participate in your own/your family member's care by developing and implementing the treatment plan with service provider.
- 5. Agree to, sign, and follow CHSC attendance policy.
- 6. Ask questions when information provided to you is not clear.
- 7. Accept the consequences for not following the instructions of the attendance policy and treatment plan.
- 8. Arrive 5-10 minutes prior to the scheduled appointment and check in with the client care coordinator prior to each visit to verify insurance, address, and phone number are accurate and current.

- 9. Make all payments/co-payments at the time of each visit.
- 10. Follow-up on any referrals suggested by your service provider.
- 11. Be considerate of the needs of others.

# **CHSC RIGHTS**

In providing services, CHSC has the right to:

- 1. Cancel and/or reschedule clients when necessary for medical or personal reasons. Every attempt will be made to reschedule prior to canceling appointments.
- 2. Discharge and/or refuse services to those who do not follow the attendance policy, do not comply with the treatment plan, or fail to pay for services.
- 3. Receive complete and accurate information regarding needs and abilities of clients.
- 4. Receive payment/co-payment for services at the time of service delivery.

# **CHSC RESPONSIBILITIES**

CHSC is responsible for ensuring a safe environment conducive to learning and to achieving goals. This is accomplished by:

- 1. Providing a continuum of care within our system and coordinating care with other service providers.
- 2. Providing education to clients and families regarding needs, strategies and therapy progress.
- 3. Utilizing treatment strategies based on current research, literature and professional best practices and consensus.
- 4. Keeping records accurate, complete, safe, and confidential.
- 5. Providing referrals to other care providers as needed.
- 6. Ensuring all staff members are appropriately credentialed to provide services.
- 7. Ensuring all individual team members provide services consistent with their profession's scope of practice and licensure laws.
- 8. Providing ongoing training for staff regarding clients' rights and needs, safety requirements, billing procedures, and record keeping.
- 9. Providing a safe and secure location where services are provided.
- 10. Informing you of attendance policy and procedures for scheduling and canceling appointments.

# **NOTICE OF PRIVACY PRACTICES**

# **Revised September 2013**

The terms of this Notice of Privacy Practices applies to Cleveland Hearing & Speech Center (CHSC) operating as a provider of clinical services, and the clinicians and other professionals seeing and treating clients for CHSC. The staff of CHSC work and practice at 11635 Euclid Avenue, Cleveland, Ohio, one or more of our satellite office(s), or out in the general community. All of our staff will share personal health information of clients as necessary to carry out treatment, payment, and health care operations as permitted by law.

We are required by law to maintain the privacy of our clients' health information and to provide clients with notice of our legal duties and privacy practices with respect to your personal health information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all personal health information maintained by us. You may receive a copy of any revised notices at 11635 Euclid Avenue, Cleveland, Ohio; or a copy may be obtained by mailing a request to HIPAA Compliance Officer, CHSC, 11635 Euclid Avenue, Cleveland, Ohio, 44106; or you may view a copy on our website at <a href="https://www.chsc.org">https://www.chsc.org</a>.

# USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION

**Your Authorization.** Except as outlined below, we will not use or disclose your personal health information for any purpose unless you have signed a form authorizing the use or disclosure. You have the right to revoke that consent or authorization in writing, but we cannot take back any uses or disclosures already made with your permission.

Uses and Disclosures for Treatment. We will make uses and disclosures of your personal health information as necessary for your treatment. For instance, audiologists and speech-language-pathologists and other professionals involved in your care will use information in your record and information that you provide to plan a course of treatment with you. We may also release your personal health information to another health care facility or professional who is not affiliated with our practice but who is or will be providing treatment to you.

**Uses and Disclosures for Payment.** We will make uses and disclosures of your personal health information as necessary for payment purposes. For instance, we may forward information about services rendered to your insurance company. We may also use your information to prepare a bill to send to you or the person responsible for your payment.

**Uses and Disclosures for Health Care Operations.** We will use and disclose your personal health information as necessary, and as permitted by law, for operations which include clinical improvement, peer review, business management, etc.

**Uses and Disclosures for Fundraising.** We may contact you in an effort to raise money for Cleveland Hearing & Speech Center and its operations. The information released to the fundraising office would only include your name, address, telephone number, email, date of birth, gender, insurance status, and dates of service at CHSC. You have a right to opt out of receiving these communications from us. If you do not want CHSC to release this information about you for fundraising efforts, you must notify in writing to any clinical scheduling or billing office representative.

Family and Friends Involved In Your Care. With your approval, we may disclose your personal health information to designated family, friends, and others who are involved in your care or in payment of your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable or incapacitated and we determine that limited disclosure may be in your best interest, we may share limited personal health information with such individuals without your approval. We may also disclose limited personal health information to an entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

**Business Associates.** Certain aspects of our services are performed through contracts with outside persons or organizations, such as subcontracted clinical professionals, supporting services such as language interpreting, auditing, accreditation, legal services, etc. At times it may be necessary for us to provide your personal health information, limited

to what the business associates need to know, to one or more of these outside persons. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

**Appointments and Services.** We may contact you to provide appointment reminders or test results. You have the right to request and we will accommodate reasonable requests to receive communications by alternative means. For instance, if you wish appointment reminders to not be left on voice mail, we will accommodate reasonable requests. You may request such confidential communication in writing and may send your request to: HIPAA Compliance Officer, CHSC, 11635 Euclid Avenue, Cleveland, OH 44106.

**Health Products and Services.** We may from time to time use your personal health information to communicate with you about health products and services necessary for your treatment, to advise you of new products and to provide general health and wellness information.

**Research.** In limited circumstances, we may use and disclose your personal health information for research purposes. In all cases where your specific authorization is not obtained, your privacy will be protected by strict confidentiality requirements.

Other Uses and Disclosures. We will not use or disclose your health information for any purpose other than those you identified in the previous sections without your specific, written authorization. If you give us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose information about you for the reasons covered by your revocation, but we cannot take back any uses or disclosures already made with your permission. We also will not use or disclose your health information for the following purposes without your specific, written authorization.

- **D** <u>For our marketing purposes</u>. This does not include face-to-face communication about products or services that may benefit you.
- **D** For the purpose of selling your health information. We may receive payment for sharing your information for, as an example, public health purposes, research, and releases to you or others you authorize a release to as long as payment is reasonable and related to the cost of providing your health information.

**Special Situations.** We are permitted or required by law to make certain other uses and disclosures of your personal health information without your consent or authorization.

- We may release your personal health information for any purpose required by law;
- We may release your personal health information for public health activities;
- We may release your personal health information as required by law if we suspect child abuse or neglect; we may also release your personal health information if we believe you to be a victim of abuse, neglect or domestic violence;
- We may release your personal health information to the FDA if necessary;
- We may release your personal health information to your employer when we have provided service at the request of your employer; in most cases you will receive notice about this;
- We may release your personal health information if required by law to a government oversight agency;
- We may release your personal health information if required to do so by a court or administrative ordered subpoena or discovery request; in most cases you will have notice of such release;
- We may release your personal health information to law enforcement officials as required by law to report wounds and injuries and crimes;
- We may release your personal health information for certain research purposes when such research is approved by an IRB with established rules to ensure privacy;

  We may release your personal health information in limited instances if we suspect sorious threat to be
  - We may release your personal health information in limited instances if we suspect serious threat to health or safety;
- We may release your personal health information if you are a member of the military as required by the armed forces services; also if necessary for national security or intelligence activities; and
- We may release your personal health information to workers' compensation agencies if necessary for your workers' compensation benefit determination.

Ohio law requires that we obtain a consent from you in many instances before disclosing the performance or results of an HIV test or diagnoses of AIDS or an AIDS related condition, before disclosing information about drug or alcohol treatment you have received in a drug or alcohol treatment program, and before disclosing information about mental health services you may have received. For full information on when such consents may be necessary, you can contact HIPAA Compliance Officer, CHSC.

#### **RIGHTS THAT YOU HAVE**

Access to your Personal Health Information. You have the right to copy and/or inspect much of the personal health information that we retain on your behalf. All requests for access must be made in writing and signed by you or your representative. We may charge you for copying, mailing and compiling information. You may obtain an access request form from: HIPAA Compliance Officer, CHSC.

Amendments to Your Personal Health Information. You have the right to request in writing that personal health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction request. If an amendment or correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. You may obtain an amendment request form from: HIPAA Compliance Officer, CHSC.

Accounting for Disclosures of Your Personal Health Information. You have the right to receive an accounting of certain disclosures made by us of your personal health information after 4/14/03. Requests must be made in writing and signed by you or your representative. Accounting request forms are available from: HIPAA Compliance Officer, CHSC. The first accounting in any 12-month period is free; you will be charged \$5.00 for each subsequent accounting you request in the same 12-month period.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it. We are not required to agree with your request if the information is needed for emergency treatment or we are required by law to use or disclose the information. We are required to agree with your request if you pay for treatment, services, or supplies "out of pocket" and you request the information not be communicated to your health plan for payment or health care purposes, except where we must use or disclose the information as required by law.

**Complaints.** If you believe your privacy rights have been violated, you can file a complaint in writing with the HIPAA Compliance Officer, CHSC. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

**Breach of Health Information.** We will inform you if there is a breach of your unsecured health information.

**Acknowledgment of Receipt of Notice.** You may be asked to sign an acknowledgment form that you received this Notice of Privacy Practices.

**FOR FURTHER INFORMATION.** If you have questions or need further assistance regarding this Notice, you may contact the HIPAA Compliance Officer, CHSC, 216 231–8787.

As a client you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means.

# **EFFECTIVE DATE**

This Notice of Privacy Practices was originally effective April 2003. This notice was revised effective March 2006, then again effective September 2013.

# **Appendix A to Part 92**

# NOTICE INFORMING INDIVIDUALS ABOUT NONDISCRIMINATION AND ACCESSIBILITY REQUIREMENTS AND NONDISCRIMINATION STATEMENT: DISCRIMINATION IS AGAINST THE LAW

Cleveland Hearing & Speech Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cleveland Hearing & Speech Center does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Cleveland Hearing & Speech Center provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Cleveland Hearing & Speech Center provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact:

Bridgid Whitford Au.D, CCC-A Director of Hearing Services
Cleveland Hearing & Speech Center, 11635 Euclid Avenue Cleveland, OH 44106-4319
Direct phone: 216-325-7585

Fax: 216-325-7685 bwhitford@chsc.org

If you believe that Cleveland Hearing & Speech Center has failed to provide these services or discriminated in another

Bridgid Whitford Au.D, CCC-A Director of Hearing Services Cleveland Hearing & Speech Center, 11635 Euclid Avenue Cleveland, OH 44106-4319

way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Direct phone: 216-325-7585

Fax: 216-325-7685 bwhitford@chsc.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Bridgid Whitford Au.D, CCC-A Director of Hearing Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at:

https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.



# **HIPAA Security Whitepaper**

This document outlines steps taken to ensure that all data stored in CounselEAR is managed in compliance with HIPAA guidelines.

# **Executive Summary**

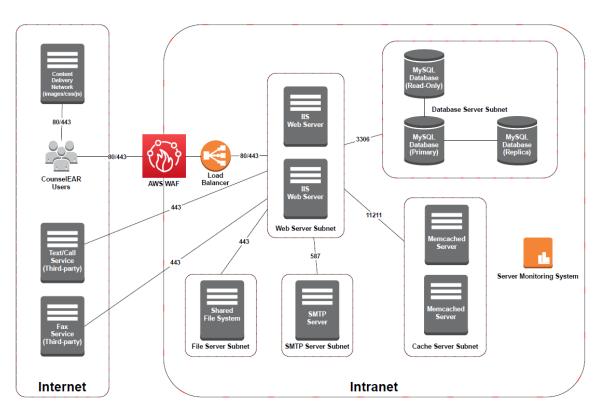
At CounselEAR, securing our customers' Protected Health Information (PHI) in compliance with HIPAA guidelines is our top priority. To that extent we have implemented internal systems as well as selected a data management partner to ensure safe, reliable access and high-level safeguards.

# **Systems**

#### Infrastructure

Our fully redundant network of servers is tightly secured behind a firewall. The only public access allowed to this network is on port 80 (HTTP) and 443 (HTTPS). Access between servers is also restricted so that only the necessary ports are open for communication. A VPN tunnel to the network can be established by approved CounselEAR employees, which allows them access strictly to the web servers.

# CounselEAR Production Network Environment



#### Software

- Web Servers
  - Windows Server 2016
  - IIS 8.0
  - .Net 4.6

#### Data Servers

- o MySQL 5.7.33
- Cache Servers
  - Memcached 1.4.34

# People

- Users of CounselEAR can only access data and system functions as per their individual user-based security settings. Clinic administrators have the ability to create and deactivate user profiles as well as modify specific security settings in real time.
- Each member of the CounselEAR staff completes training on security protocols regarding PHI. Each staff member with access to Controlled Unclassified Information (CUI) is evaluated to verify their conduct, integrity, judgment, loyalty, reliability, stability, and trustworthiness prior to authorizing access to organizational systems containing CUI. The screening activities reflect applicable federal laws, Executive Orders, directives, policies, regulations, and specific criteria established for the level of access required for assigned positions.
- Access to the CounselEAR network is limited to only those who have the explicit need to provide application support and deploy changes.

# Procedures

- All application and database changes are logged to indicate the nature of the change, when it occurred, and by whom it was applied.
- Monthly penetration scans performed by a 3<sup>rd</sup> party provider to detect site vulnerabilities.

# Data

 Sensitive data values are encrypted within the database. All data is encrypted via an SSL certificate when transmitted between the client computer and the CounselEAR web servers. TLS 1.2 is used for data in transit. AES 256 is used for data at rest.

- The primary database is synchronously replicated to a stand-by instance in a different location. In the event of a failure with the primary instance the standby instance will automatically be promoted to the primary.
- o The database is backed-up on a nightly basis and stored in a different location.
- o Anti-virus systems are in place within the webservers and kept up-to-date

# Security

- Network credentials used by CounselEAR employees are reset on a monthly basis. Passwords must meet minimum password requirements of (at least 8 characters in length, 1 uppercase, 1 lowercase, 1 non-alpha).
- Site credentials used by users of the CounselEAR site are based on the user's e-mail address and a password at least 8 characters in length. Passwords can be reset at any time by the user. Passwords are never exposed on the site or in e-mails sent by the system. Additional password strength can be enabled along with Multi-Factor Authentication (MFA) at the user's request.

# Availability

- All layers of the infrastructure have redundancy built-in.
  - Multiple load balancers handle all web traffic from users
  - Load balancers spread traffic among multiple web servers
  - Database traffic is sent from web servers to the primary database, which has a replicated stand-by instance that can be promoted in real-time if an issue should arise with the primary. Data is also replicated to a read-only instance for performance and disaster recovery purposes.
  - Web servers access cached data objects on multiple cache servers. If one cache server should fail, its cached objects will be reloaded to the other cache servers.
  - Documents are stored using Amazon S3, which provides for automatic replication across multiple regions providing 99.999999999 durability.
  - Non-sensitive web assets (images, scripts, style sheets) are stored on Amazon CloudFront. All assets are replicated across numerous regions around the world for fast retrieval and high redundancy.

# Processing Integrity

o Information displayed to a user is restricted based on the company account with which they are associated and by the user rights they have been assigned.

# Privacy

- Customer's personal and patient data are not shared with third parties. Please review our Privacy Policy for more details:
  - https://counselear.com/Controls/Pages/Public/index.aspx?page=Auth/Privacy

# **Amazon Web Services**

AWS was selected to manage the CounselEAR infrastructure due to its commitment to maintaining the highest standards of information security and transparency. In addition, their ability to sign Business Associates Agreements (BAAs) with Covered Entities provides another layer of accountability for our customers.

# **AWS Security Whitepaper**

https://docs.aws.amazon.com/whitepapers/latest/introduction-aws-security/introduction-aws-security.pdf

# **AWS HIPAA Compliance Whitepaper**

https://d1.awsstatic.com/whitepapers/compliance/AWS\_HIPAA\_Compliance\_Whitepaper.pdf

# **CLIENT GRIEVANCE PROCEDURE (CLINICAL)**

**POLICY:** CHSC will make every possible effort to resolve complaints informally. There may be times, however, when a formal complaint, grievance or appeal of a decision made by Center staff becomes necessary. Therefore, the following complaint/grievance/appeal procedures will be followed.

**NARRATIVE:** During (or following) the provision of service, problems may arise between staff and client. Every effort will be made to resolve to a complainant's satisfaction a disagreement, issue or concern through discussion and informal mediation before a more formal grievance procedure is initiated. Persons deciding to grieve will be advised that their action will not result in any form of retaliation or barriers to service. All information about the grievance process and all information exchanged during the grievance process will be provided in a manner that the client can understand.

We adhere to the philosophy that persons served have rights and responsibilities in the grievance process, as does CHSC.

# Persons served have the right to:

- File a complaint or grievance, without disruption to services
- Receive a prompt, complete response
- Appeal undesirable decisions
- Receive written notification of results
- The presence of an advocate to assist with filing the grievance
- Any and all applicable legal rights and representation

# Persons served have the responsibility to:

- Disclose all relevant information completely and truthfully
- Cooperate with the investigation of the complaint

# CHSC has the right to:

• Investigate claims/grievances

#### CHSC has the responsibility to:

- Inform clients of grievance procedures
- Respond in a timely fashion
- Act fairly in executing the grievance procedures outlined below

#### PROCEDURE:

#### I. Informal Grievance Process

- A. Informal complaints encompasses client presentation of the problem to the appropriate (that with whom the issue occurred) staff member and resolution without further action.
- B. Employees are encouraged to involve their supervisor in resolution of informal complaints.
- C. Employees and/or supervisors are expected to explain to the client, in a manner s/he can understand, the grievance process if the complaint cannot be resolved.

### **II. Formal Grievance Process**

- A. Complaint is submitted in writing (or via video or audio recording if person is unable to write) to the executive director. Reasonable accommodations will be employed to assist those with communication problems.
- B. Within five (5) working days, a meeting will be scheduled, to take place between staff and client. Efforts will be made to resolve the complaint. An interpreter or other facilitative communication accommodation (e.g., real time captioning) will be utilized as necessary to ensure that communication between parties is clear and understandable
- C. If the issue cannot be resolved, the client has the right to appeal to the Board of Directors (BOD). Within five (5) working days, written notification by the executive director regarding the grievance will be distributed to the client and chairpersons of the executive committee of the BOD.
- D. Levels of review of complaints/grievances begin with the staff person involved, followed by supervisor, director, executive director, and finally, the BOD.

### III. Appealing the Grievance

- A. If the client is not satisfied with the decision concerning the grievance, within five (5) working days a request may be made, in writing (or via video or audio recording if person is unable to write), for a review by the Executive Committee of the Board.
- B. Within five (5) working days of the above request, the grievance appeal will be forwarded to the Executive Committee.
- C. The chairperson of the Executive Committee, i.e., the Board President, shall schedule a hearing with the committee within ten (10) working days. The client shall be notified regarding the time and place of such hearing.
- D. Within ten (10) working days of the above hearing, the client shall be notified of the decision concerning the resolution of the grievance in writing by the committee chairperson.

#### IV. Adherence to Procedure

- A. Any of the time limits set forth in this procedure may be waived by mutual agreement of the parties.
- B. The grievance and results will be maintained in the corresponding CHSC record.

# SPEECH, LANGUAGE, AND LEARNING SCOPE OF SERVICES

**GUIDELINE:** It is the policy of Cleveland Hearing & Speech Center to serve individuals with known or suspected disorders of communication, and provide communication enhancement services for those without pathologies when warranted.

**NARRATIVE:** The department will serve children and adults of all ages with either developmental or acquired communication disorders. The department will also serve individuals who desire enhancement or improvement of communication in the absence of any particular pathology when it is warranted. Any and all services provided will fall within the scope of practice as directed by the American Speech-Language and Hearing Association.

CHSC provides services to children from birth through 17 years of age and to adults from 18 years of age up. Clinical and outreach services are provided Monday – Thursday, generally from 8:30 a.m. through 7 p.m.; Friday 8:30 a.m. – 5 p.m. While services are typically rendered in our outpatient offices, other settings are detailed below.

CHSC is an outpatient service agency. Clients are generally medically stable and not in acute medical or psychiatric distress and are able to participate in outpatient services at one of our office locations. At times, we may provide services in the home (e.g., early intervention programming, educational outreach for birth to three population). CHSC has the right to choose to provide in-home service or refer clients to other agencies that provide these services.

Impairments in the following areas may provide reason for service:

- I. Verbal expression
- II. Auditory comprehension
- III. Speech sound production (including stuttering, voice disorder)
- IV. Written expression
- V. Reading comprehension
- VI. Hearing loss
- VII. Deafness (congenital or acquired)
- VIII. Auditory processing

Speech-language services provided include assessment and treatment of speech-language disorder in all modalities (listening, speaking, reading, writing). Communication enhancement (in the absence of pathology) may be provided for:

- I. Foreign accent modification
- II. Public speaking
- III. Interpersonal and/or corporate communication skills

When it is determined that a client requires services that are not provided by CHSC the treating clinician will make referrals to appropriate professionals/providers.

Fees are charged for services rendered and payment of these fees may come from the client or third party payer. CHSC offers a sliding fee scale and does not deny services due to inability to pay.

When impairments or limitations of listening, speaking, reading, and/or writing interfere with the execution of daily activities (self-care, making needs and wants known, academic participation, vocational/occupational achievement) and/or prohibit the client's participation in desired activities (school, work, community events), CHSC will strive to improve or enhance communication such that participation is enabled.

CHSC staff will ascertain the need for psychological services based on the history, intake, and evaluation of the client. Referrals will be made when appropriate/necessary.

We generally expect behavior to be appropriate for active participation and engagement in the treatment process. Behavior cannot be a risk to the client or others and if it becomes so, the client will be referred to an appropriate agency or professional. We work with the client and family to develop communication behavior conducive to effective communication and learning through education, training, and positive reinforcement.

# SPEECH, LANGUAGE, AND LEARNING ATTENDANCE AGREEMENT

The Cleveland Hearing & Speech Center (CHSC) is here to help people improve communication skills. To help you reach your goals and achieve the best possible outcomes, consistent attendance is critical. Please review the attendance policy below. Feel free to discuss this information with your clinician or the director of the Speech, Language, and Learning department if you have any questions.

We do our best to keep all appointments as scheduled, and expect the same of our clients. When an appointment must be cancelled, we expect to reschedule for another time that same week when possible or an extra session the following week.

#### **Expectations of the Client:**

- Attend all appointments as scheduled consistently.
- Please arrive on time and check in with the Client Care Coordinator before each scheduled appointment. If you are frequently late, we cannot continue services.
- You must remain at the CHSC office throughout your/your child's appointment and your participation in the appointment may be requested/required.
- <u>Please call the Client Care Coordinator at the office where your/your child's appointment is scheduled as soon as possible if you must cancel.</u> Please be prepared to give a reason for the cancellation.
- Excessive cancellations (more than two per treatment plan) or cancellations without a reason can result in termination of services; attendance must be sufficient to see progress in each treatment plan period.
- Missing an appointment two (2) times without calling in advance will result in termination of services.
- If you/your child is discharged from therapy two times for poor attendance, you/your child will not be rescheduled at our office. We can recommend other providers in the area.
- Please do not assume CHSC is closed when your school has a snow day. We ask that you call the office to check the status of your appointment.

# **Expectations of Cleveland Hearing & Speech Center Team/Staff:**

- Make every reasonable effort to offer therapy at convenient times.
- If a clinician is absent, we will make every effort to reschedule the appointment for another day/time with your usual clinician or schedule your session with another speech-language pathologist.
- Your clinician will leave a specific lesson plan for the covering clinician to ensure appropriate care.
- We offer a reminder text message or phone call to remind you of your appointment 48 hours in advance. We strongly encourage use of this service.

We cannot hold appointment times for those who cannot consistently attend. Similarly, we cannot reserve therapy times longer than two (2) weeks in cases of extended client absence. We request your cooperation with this attendance policy.

It will be noted in your chart/your child's chart that you have reviewed and agreed to our attendance policy.

# SPEECH, LANGUAGE, AND LEARNING DISCHARGE POLICY

Clients are discharged from service when deemed appropriate by the treating clinician(s) to ensure that client outcomes are maximized and resources are efficiently utilized.

Clients are discharged when one or more of the following conditions are met:

- Client has attained stated goals and no further recommendations are made.
- Client has received maximum benefit of service.
- Client is referred elsewhere for services appropriate to needs.
- Client/parent/legal guardian requests discharge.
- Client/parent/legal guardian fails to adhere to the attendance policy.

# **PROCEDURE**

- In all situations other than client/parent/legal guardian request for discontinuation of service, the client/parent/legal guardian is notified verbally in advance that discharge is eminent and the reason for discharge is provided. Typically, discharge planning is discussed at the onset of treatment, and discharge is usually anticipated/expected by the client/parent/legal guardian. In cases of poor attendance, clients/parents/legal guardians are notified by mail.
- II. The treating clinician completes the discharge report within three days of the final appointment.
- III. The client care coordinator sends copies of the discharge report and any other documentation requested by the clinician per the release of information form.
- IV. The client care coordinator closes the case in the PM system with discharge date and files any papers into records storage.

# AUDIOLOGY SCOPE OF SERVICES

**GUIDELINE:** It is the policy of Cleveland Hearing & Speech Center to serve individuals with known or suspected disorders of hearing and communication.

**NARRATIVE:** The department will serve children and adults of all ages with either developmental or acquired communication disorders. Any and all services provided will fall within the scope of practice as directed by the American Speech-Language and Hearing Association. Actual procedures will be dictated by Best Practices, and other regulating guidelines such as Medicare/ Medicaid private insurance and contract guidelines. Current procedures will be documented in the Audiology Procedure Manual and via email in real time as changes occur.

CHSC is an outpatient service agency with 4 locations (University Circle, Lyndhurst, Broadview Hts., Westlake). CHSC's normal business hours are 8:30 – 5pm. In addition, CHSC typically offers services until 7 pm at least one evening per week. Consumers are generally medically stable and not in acute medical or psychiatric distress and are able to participate in outpatient services at one of our office locations. At times, we may provide services in other settings (e.g., nursing home/skilled care facility). CHSC has contracts with several school districts to provide services within their locations and CHSC accepts referrals from other allied professionals and directly from the client themselves.

CHSC will continue to look for opportunities that serve the purpose of serving those with hearing and communication disorders and fall within the scope of practice of audiology. Program and services will be developed, in real time, to meet those needs.

Audiologic services provided include:

- · Assessment of hearing sensitivity
- Assessment auditory processing skills
- Management of hearing loss
- Recommendation and fitting of hearing aids, hearing aid accessories and other assistive listening devices

When it is determined that a client requires services that are not provided by CHSC the treating clinician will make referrals to appropriate professionals/providers.

Fees are charged for most services rendered. CHSC participates with a variety of insurance companies and third-party payers. In addition, CHSC has the Audiology Patient Assistance Program for those with limited financial resources

Frequency and intensity of service is determined by the need. Services continue for the client as long as the client chooses CHSC for audiology services. Management of hearing loss is ongoing, with no formal discharge from service. If and when CHSC is notified of a client's death, that is noted in the chart and all further correspondence/mailings are stopped.

# PROCEDURE:

- I. CHSC's client care coordinators will do their best, based on the information provided by the client, to schedule clients with clinicians appropriately, ensuring the best client-clinician match.
- II. Clinicians will identify any situations where they are not competent or capable of providing services and notify the director, the client care coordinator, and, if appropriate, the client. In this event, the clinician will make appropriate referrals to professionals within CHSC or elsewhere in the community to ensure proper services are obtained.

# COMMUNITY CENTER FOR THE DEAF AND HARD OF HEARING SCOPE OF SERVICES

**GUIDELINE**: It is the policy of Cleveland Hearing & Speech Center to serve individuals with known or suspected disorders of communication, and/or who are deaf or hard of hearing.

It is the policy of the Community Center for the Deaf & Hard of Hearing department of CHSC to provide a comprehensive array of community--based services for persons who are deaf or hard of hearing and their families. Only services detailed in this policy statement may be provided in order to assure that our services meet regulatory requirements.

**NARRATIVE**: The department will serve children and adults of all ages with either developmental or acquired hearing loss/ deafness. The department will also serve individuals who desire to increase their independence, and/or who wish to enhance equal opportunities, accessibility, employment, and education. Any and all services provided will fall within the scope of services outlined in the Community Center for the Deaf & Hard of Hearing Policy and Procedure Manual as well as the Employment Services Manual.

It is the policy of the CCDHH Department of CHSC to provide a comprehensive array of services to individuals in the deaf and hard of hearing communities. Services include: Support, Advocacy, Information and Referral, Education and Training, and Vocational Services. Support Services include but are not limited to communication assistance with phone calls, reading of documents and completion of forms, locating appropriate housing, food assistance and other basic needs, assistance with government programs, and referrals to other agencies for goods and services. In addition we provide agencies and organizations with information and training to more effectively work with D/deaf clients and to ensure they comply with the Americans with Disabilities Act (ADA). Advocacy is provided to clients in a number of domains including courts, hospitals, police departments, schools, places of employment and businesses. Finally, CCDHH offers Vocational/Employment Services to those deaf and hard of hearing individuals seeking full-time or part-time employment. This includes (but is not limited to), Job Development, Pre-Employment Services, on the Job Supports, Work Incentives Planning and Coordination, Career Exploration, and travel training.

In the occurrence of a waitlist, staff will deliver services on a first come first serve basis. Additionally, clients will be given referral contact information in regards to obtaining services with other agencies to meet immediate needs. Additionally, notice of a waitlist will be posted on our website to inform clients researching services online.

**WHO WE SERVE:** CHSC serves the following Ohio counties; Cuyahoga, Lorain, Huron, Sandusky, Erie, Lake, Geauga, and Ashtabula. CHSC serves one of the largest Deaf/hard of hearing communities in the state of Ohio. By offering a continuum of services, CHSC enhances accessibility by bridging the communication and cultural gap between the Deaf and hearing communities. The Community Center for the Deaf and Hard of Hearing serves:

- I. Deaf individuals from diverse backgrounds who use American Sign Language
- II. Deaf people using varying communication methods, and/or an array of assistive technology
- III. Families and friends of the Deaf community
- IV. Professionals from medical, legal, law enforcement, academic, public and social services entities
- V. All ages, genders, socio--economic levels, ethnicities, sexual orientations
- VI. Employers
- VII. The general public

Annual programmatic and productivity goals are based on the needs of the community. These are derived from an hourly tracking system that reviews the type of services each staff member is delivering. It allows CCDHH to make program assessments in regard to service area demands, and to further frame the programmatic and productivity goals of the center. While the objective is to continually strive to reach all goals in terms of programmatic and productivity, biweekly team staff meetings

CHSC provides services to children from birth through 17 years of age and to adults from 18 years of age up. Clinical and outreach services are provided Monday – Thursday, generally from 8:30 a.m. through 7 p.m.; Friday 8:30 a.m. – 5 p.m. The Community

Center for the Deaf and Hard of Hearing serves individuals during regular business hours and at other times (including evening and weekends) upon need or request. Interpreting services are available 24 hours a day, seven days a week.

The Community Center for the Deaf & Hard of Hearing assists deaf and hard of hearing individuals to maintain independence through:

- I. Support Services (through contract with Opportunities for Ohioans with Disabilities)
- II. Information/Referral and linkage to community programs
- III. Vocational and financial counseling
- IV. Coordination with legal, educational, and mental health supports
- V. Advocacy for the Deaf/ deaf and hard of hearing
- VI. Community education and training
- VII. American Sign Language (ASL) classes
- VIII. ADA technical assistance
- IX. Peer support
- X. Public awareness and sensitivity training
- XI. Independent living skills training
- XII. Vocational/Employment Services

Staff is designated to make acceptance decisions based on the aforementioned criteria, and the needs of the clients in relation to a person--center philosophy. In any situation that staff does not feel capable of making acceptance decisions they will notify the Director of the Community Center for the Deaf & Hard of Hearing for appropriate review.

In addition, the agency (CHSC) provides 24--Hour interpreting/language services for people who are deaf, hard of hearing, and deaf--blind and persons in the general community who need language support in the following areas:

- I. American Sign Language (ASL) and Pidgeon Sign Language (PSE)
- II. Other signed languages to meet client needs (Signed Exact English (SEE), Cued Speech)
- III. Oral interpreting
- IV. Tactile Interpreting for deaf--blind clients

#### The following services are NOT provided by the CCDHH department:

- I. Mental health counseling or other related services
  - II. Drug and alcohol treatment services
  - III. Drug and alcohol prevention services outside the contract with Cuyahoga County
  - IV. Any services for persons who are deaf or hard of hearing that require special agency licensing

When it is determined that a client requires services that are not provided by CHSC, the CHSC staff will make referrals to appropriate professionals/providers. The procedure for such an event is as followed:

- I. Staff informs the client, referral source and necessary parties (i.e. families, parents/guardians), as to why they are ineligible for services. Only clients (and parents/ guardians in the case of a minor) will be made aware of the reasoning if they are seeking services themselves, the family may be provided information if a release of information has been obtained.
- II. Staff consults the Director of Interpreting Services, as well as knowledgeable staff to make appropriate recommendations for the client, depending on services needed.
- III. Staff will then provide the appropriate linkage to appropriate professionals/ providers to match the client needs.

# IN ACCORDANCE WITH CHSC POLICY:

When impairments or limitations of listening, speaking, reading, and/or writing interfere with the execution of daily activities (self--care, making needs and wants known, academic participation, vocational/occupational achievement) and/or prohibit the

client's participation in desired activities (school, work, community events), CHSC will strive to improve or enhance communication such that participation is enabled, and accessibility is obtained.

CHSC staff will ascertain the need for psychological services based on the history, intake, and evaluation of the client. Referrals will be made when appropriate/necessary.

We generally expect behavior to be appropriate to active participation and engagement in the service process. Behavior cannot be a risk to the client or others and if it becomes so, the client will be referred to an appropriate agency or professional. We work with the client and family to develop communication behavior conducive to effective communication and learning through education, training, and positive reinforcement.

Generally, the clients we serve are living in their homes with their families and we expect them to be discharged to that same environment. We strive to facilitate full involvement of the people we serve in other environments, such as school, work, faith-based organizations, and social settings. On occasion we may participate in the evaluation or treatment of an individual in a group home or other residential/day care facility and strive to assist the person served develop autonomy toward their highest level of independence.

Frequency and intensity of service is determined by the needs, abilities, goals, and desires of the person served. Recommendations for the intensity of the client objective form are presented to the client/family.

#### PROCEDURE FOR MAKING AN APPOINTMENT:

- I. CCDHH staff and with the support and assistance of the CCDHH Operations Manager, will schedule a client intake appointment via referral, walk--in, or by e-mail and phone (voice or video phone). Staff will do their best, based on the information provided by the client, to schedule clients with support and employment service staff to ensure the best match.
- II. Staff will identify any situations where they are not competent or capable of providing services and notify the director, the operations manager, and, if appropriate, the family. In this event, staff will make appropriate referrals to professionals within CHSC or elsewhere in the community to ensure proper services are obtained.

### PROCEDURE FOR REFERRAL SOURCES:

**INCOMING:** For general information calls, the referral source will be notified as to what our scopes of services are so that they have a better understanding of the CCDHH. We will also provide them with any knowledge or appropriate linkage to other sources for their additional or future needs.