

## GENERAL CLINIC PROCEDURES & ATTENDANCE POLICY

### Speech-Language & Communication Clinic Contact Information

Phone: (206) 388-1300  
Fax: (206) 328-6871  
Email: [clinics@hsvc.org](mailto:clinics@hsvc.org)  
Hours: Monday through Friday from 8:00am to 6:30pm

### Appointments

Speech-language therapy is generally available Monday through Friday from 8:00am to 6:30pm. Evaluations are scheduled for 90 minutes, and therapy sessions are generally scheduled 1x weekly for 45 minutes, unless other arrangements have been made.

### Days Closed

HSDC is closed on the following days:

- New Year's Day
- Martin Luther King, Jr. Day
- President's Day
- Memorial Day
- Juneteenth
- 4<sup>th</sup> of July
- Labor Day
- Native American Heritage Day/Thanksgiving
- The day following Native American Heritage Day/Thanksgiving
- Christmas Day

Unforeseen closures will be posted in the Clinic as far in advance as possible. Other programs and offices in the HSDC building may be open even when the Clinic is closed.

### Waitlist

All newly evaluated clients will be placed on a waitlist for ongoing speech-language therapy services if therapy is warranted *and* we are able to provide appropriate services. Clients are generally scheduled in the order that they are added to the waitlist. However, in accordance with our Mission and Vision, at least 20% of our caseload is reserved for individuals with Medicaid and/or Medicare insurance. Therefore, clients on the waiting list may be prioritized over others to ensure this standard is upheld. We also reserve the right to bypass the waitlist as necessary based on unique client circumstances, niche and/or specialty services, community partnerships, and to fulfill our Mission and Vision. We cannot guarantee you/your child will be seen for services within any specific timeframe. A Clinic Referral List will be provided at the time of your/your child's initial evaluation and upon request. We may refer clients to other providers if we feel we are unable to provide an appropriate level of care and/or expertise.

## **Therapy**

### *Ages 3 and Older*

It is preferable for parents/guardians to remain in the Clinic during their child's therapy session. However, parents/guardians who need to leave the Clinic to run short errands must return within 10 minutes prior to the end of therapy. This policy generally applies to the parents/guardians of children that are able to function safely and independently in all environments. Parents/guardians should consider their child's medical history, overall level of development, self-help skills, and maturity when deciding whether to leave the clinic for short periods of time. If there is doubt about the child's ability to function safely, please talk with the Clinic staff.

### *Younger Than Age 3*

Parents must attend therapy sessions due to extensive parent coaching that is part of the services.

## **Evaluations**

All parents/guardians must remain in the Clinic during their child's assessment in case the evaluator requires additional information. In some cases, in order to obtain the best possible results, parents/guardians may need to accompany their child into the evaluation room. Parents/guardians of children under age 3 will always need to be present in the evaluation room or observation room.

## **Virtual/Remote Services**

Evaluations and therapy appointments may also be provided virtually, via Zoom, given family and clinician approval. Virtual or remote services through Hearing, Speech & Deaf Center (HSDC) are the delivery of services using distance technology when the provider and the client/family are not in the same location. Electronically transmitted information may be used for diagnosis, intervention, therapy, consultation, follow-up, parent or caregiver education, counseling, and information sharing. This may include any of the following:

- Client records;
- Interactive audio, video and/or data communication; and/or
- Output from audio or video files, including audio clips, photos and video files

The interactive electronic systems (i.e. videoconferencing equipment, hardware & software) used for service delivery incorporate network and software security protocols to protect the confidentiality of client/family information and to safeguard all transmitted audio and video information against intentional and unintentional corruption.

### Potential Benefits:

1. Improving access to specialized services
2. Obtaining the expertise of a distant specialist or consultant
3. Empowering parents to work directly with children with the support of these specialists
4. Health and safety (limiting exposure to germs)

### Potential Risks:

As with any service delivery model, there may be potential risks associated with the use of virtual/remote services. These risks include, but may not be limited to:

1. At times, information transmitted may not be sufficient (e.g., poor resolution of images or audio interference) to allow for appropriate clinical decision making by the clinician or specialist
2. The distant specialist or clinician may not be able to provide all necessary services that are required to adequately address all needs
3. Security protocols could fail, causing a breach of privacy of confidential clinical/medical information

By providing my initials next to the CLIENT CONSENT TO THE USE OF VIRTUAL/REMOTE SERVICES section on the *Policies Agreement & Acknowledgement of Receipt* form, I understand and agree with the following:

1. The laws that protect the privacy and confidentiality of medical information also apply to virtual/remote services. Information obtained during a remote encounter, which identifies me, and/or my child(ren)/dependent(s), should not be disclosed to any third party without my consent except for the purposes of treatment, payment, and healthcare operations.
2. I understand that individuals other than my provider may be present and have access to my information during the consultation or session in order to operate or repair video or audio equipment, should such equipment be utilized
3. I have the right to withhold or withdraw my consent to the use of virtual/remote services during the course of my/my child(ren)'s/dependent(s)'s care at any time
4. I have the right to inspect information obtained during the course of an interaction and may receive copies of this information. Such inspection and copying of records shall be subject to my provider's office policies and procedures.

### **Observing Evaluations and Therapy Sessions**

Each therapy room has an "Observation Room" attached to it. Parents/guardians are welcome to observe their child's evaluation and therapy sessions. HSDC is a teaching facility. Students may observe, participate in, or administer treatment plans developed by your licensed clinician. If you have concerns, please consult the Clinic Director.

### **Consulting with Clinicians**

Clinicians usually schedule 5-10 minutes at the end of the session to speak with clients, and/or parents/guardians. Consultations can be scheduled for clients/parents/guardians who would like to spend more time talking with the clinician.

### **Consistent Attendance/Cancellation**

Consistent attendance not only ensures steady progress in speech-language therapy, but also makes efficient use of the clinician's time and efforts. If you plan to be absent or cannot make your appointments for more than 2 weeks, please discuss this with your clinician. You may be discharged and placed at the bottom of the waitlist.

Should clients need to cancel or reschedule their therapy appointment, we ask that you call or email our center at least 24-hours in advance. In the case of an emergency or sudden illness, we ask that you call or email our center at least 2 hours prior to your appointment.

- Failure to provide adequate notice will result in a verbal warning and mailed written warning on the first occurrence.
- If there is a second occurrence, clients will be mailed a second warning letter.

- If there is a third occurrence, clients will automatically be terminated from therapy and placed at the bottom of our waitlist.

Please refer to the “Illness” and “Severe Weather” sections below for exceptions to this policy.

### **Late Pick-Up Policy**

- Clinicians and administrative staff are not responsible for watching children after an appointment ends.
- Parents/guardians should return to the clinic 10 minutes prior to the end of a session, but no later than the end of the session. On the rare occasion when parents or guardians cannot return to the clinic on-time, they should notify the HSDC Clinic staff immediately.
- Although parking can be difficult and traffic patterns are highly variable, parents/guardians are still responsible for returning to the clinic before therapy ends.
- Parents/guardians who do not arrive on time to pick-up their children will receive verbal and written warnings after the first occurrence.
- If there is a second occurrence, parents/guardians will be required to remain in the Clinic throughout each session and it will result in a “no-show” violation; services will be terminated for parents/guardians who do not agree to these conditions.

### **Restroom Policy**

- Restrooms are located on all floors. Baby changing stations are available in the restrooms. Clients will need an access code to enter the restrooms located in the clinic area on the 2<sup>nd</sup> floor.
- Children 3 and older will be escorted to and from the restroom. Staff members will not enter the restroom with any clients. If a child requires assistance in the restroom, guardians/caregivers are required to remain in the clinic during their child’s therapy session.

### **Illness Policy**

Although HSDC encourages consistent attendance, clients and their families/caregivers should not come to the clinic when they are sick. As a general guideline, if children are too sick to attend school or work, your appointment should be rescheduled. HSDC Clinic staff will discuss scheduling options, including whether to continue services with clients who must cancel frequently because of illness.

Please cancel evaluation and therapy appointments when any of the following occur:

- |   |   |
|---|---|
| • Vomiting in the past 24 hours         | • Rash, lice, or nits   |
| • Sore throat/swollen glands with fever | • Eye infection   |
| • Fever of 100 or more in past 24 hours | • Diarrhea  |
| • Runny or stuffed nose                 | • Other signs of illness: tired, pale, lack of appetite, confused or cranky |

### **Severe Weather**

HSDC follows the decisions of the Seattle School District in the event of inclement weather. If the Seattle Public Schools are closed because of weather, HSDC is closed as well; however, HSDC will not delay opening even if the schools do. The center will be open for regular business hours. Even if Seattle Schools remain open, weather conditions may still prevent our clinicians from coming in.

In that case, clients will be notified the day of their appointment by another HSDC employee. Regardless of school closures, clients are not expected to attend speech-language therapy when hazardous conditions prevail. Clients will not be subject to insufficient notice of cancellation policies if they cancel due to inclement weather.

### **Voluntary Suspension of Therapy**

HSDC may be able to suspend therapy appointments for up to three weeks for vacation or other reason deemed appropriate by the Clinic Director. However, it is not guaranteed the client's current therapy appointment day/time will be available when services are to resume. If an opening is unavailable, the client's name would be placed on our speech-language therapy waitlist and contacted once an opening occurs.

### **Cancellation of Appointments by HSDC Staff**

Clients will be notified as soon as possible if the clinician cannot come in or will be taking time off. In some instances, HSDC staff members are not able to contact clients about cancelled therapy until they arrive at the clinic first thing in the morning. To avoid inconvenience, clients requesting early morning appointments should keep this in mind.

### **Consent for Medical Treatment Policy**

- If a child becomes ill during therapy and the parent/guardian is not in the clinic, HSDC staff may need to seek emergency medical treatment.
- As part of the intake process, HSDC's Clinic requires parents/guardians to sign a "*Consent for Medical Treatment*" form. By signing the form, parents/guardians give HSDC staff permission to seek medical treatment in an emergency.

### **Leaving Siblings /Children Unaccompanied in the Clinic**

- HSDC staff members are not responsible for watching siblings/children who have accompanied parents/guardians to the Clinic. Parents/guardians are responsible for making appropriate childcare arrangements for siblings, as needed.
- Parents/guardians must not leave children 8 and younger unsupervised anywhere in the HSDC building even if the parent/guardian is in the building.
- Parents/guardians who leave siblings or other children unaccompanied in the Clinic will receive verbal/written warnings on the first occurrence.
- If there is a second occurrence, services will be terminated.

### **HSDC/Clinic Phone Lines**

HSDC phone lines must remain open for business purposes. Clients and visitors should not plan on using the Clinic telephone to make calls. In the event of an emergency, clients should contact the Clinic Scheduler.

### **Respecting Others**

HSDC staff are mandated reporters and are required to report suspected abuse or neglect of minors in accordance with RCW 26.44.030.

Many parents/guardians and also adult clients appreciate having time to read, catch up on emails, or simply relax while they wait in the Clinic waiting room. Because HSDC would like all of its clients and visitors to have a positive experience at the Clinic, please adhere to the following:

- Take extended cell phone conversations outside of the Clinic.

- Siblings and other children who may have accompanied the client to the Clinic must be supervised to ensure other clients and visitors are not disturbed and that safety rules are being followed.
- Clean up if bringing small snacks.

In accordance with HSDC policies, no employee, client, or visitor shall be subjected to insults, intimidation or other type of behavior that creates an offensive work or clinic environment. The following is prohibited anywhere in the Clinic:

- Loud voices, yelling, screaming, singing
- Wrestling, fighting, pushing, shoving
- Standing or climbing on furniture, moving furniture around the room, repeatedly opening and closing doors, sitting in front of doorways, hallways, elevators; running around the waiting or in the clinic area, repeatedly going in/out of the clinic.
- Throwing items
- Destroying property (e.g. tearing books, ripping up magazines, coloring on the walls)
- Disrespectful behavior toward HSDC staff. *Clients who are dissatisfied with the information they receive from HSDC staff or for services rendered may discuss their concerns with the Clinic Director.*
- Disrespectful behavior toward other clients and visitors.

*Note: For the safety of others, if any of these occur, the therapy session may be concluded and the client and/or family asked to leave*

## FINANCIAL RESPONSIBILITY DISCLOSURE STATEMENT

The Client/Personal Representative's initials and signature on the *Policies Agreement and Acknowledgement of Receipt* document forms a binding agreement between Hearing, Speech & Deaf Center (HSDC) and the Client who is receiving services, or the Personal Representative (required if client is younger than 18 years of age at time of first appointment). The Responsible Party is the individual who is financially responsible for payment of medical bills.

### Our Medical Insurance & Private Pay Policy

As a courtesy, HSDC will verify the Client's benefits and submit insurance claims to the insurance company. Plans vary significantly and as the Responsible Party, you are accountable if the insurance company declines to pay for any reason, and are ultimately responsible for non-covered services, co-payments, deductibles, and exhausted benefits.

- Most insurance companies approve a limited number of visits. Once these are used, HSDC must request more. A pause in services might occur if there is a delay in getting approval for more visits. In some cases, additional visits are denied and you will be responsible for your balance.
- Co-payment or same-day payments are due at the time of service.
- When HSDC receives an explanation of benefits (EOB) from your insurance company, any charges (e.g., Denied Service Coverage, Deductible, Co-Insurance) will be billed to you.
- Any additional amount owed must be paid within 15 days of receiving a statement from our office.

### Client/Responsible Party Responsibilities

- Verify that HSDC is a contracted provider with the Client's insurance company and understand their policy.
- Bring health insurance card and identification card/driver's license on the first visit so a copy can be made for HSDC files.
- Inform HSDC of the current address and phone number for the Client and the Responsible Party.
- Clients/Responsible Party are responsible for copayment, co-insurance/deductible, or non-covered services.
- Provide any required referral or authorization.
- Notify HSDC with any changes in the Client's insurance policy or contact information.

### Returned Check Policy

If a payment is made on an account by check, and the check is returned as Non-Sufficient Funds (NSF), Account Closed (AC), or Refer to Maker (RTM), the Client or the Client's Responsible Party will be responsible for the original check amount in addition to a \$ 25.00 Service Charge. Once notice is received of the returned check, HSDC will send out a letter to notify the Responsible Party of the returned check. If a response is not made within 15 days from the letter date by the Client or the Responsible Party, the account may be turned over to our collection agency and a

**HSDC Seattle** Artz Communication Center 1625 19th Avenue Seattle, WA 98122  
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collection fee will be added to the outstanding balance—in addition to the \$25.00 check Service Charge.

### **Non-Payment on Account**

Should collection proceedings or other legal action become necessary to collect an overdue account, the Client or the Client's Responsible Party understands that HSDC has the right to disclose to an outside collection agency all relevant personal and account information necessary to collect payment for services rendered. The Client, or Client's Responsible Party, understands that they are responsible for all costs of collection including, but not limited to, interest due at 50%, all court costs and attorney fees, and a collection fee added to the outstanding balance. By signing below, you agree to accept full financial responsibility as a Client who is receiving medical services or as the Responsible Party for minor clients. Your signature on the *Policies Agreement and Acknowledgement of Receipt* form verifies that you have read the above disclosure statement, understand your responsibilities, and agree to these terms

### **Method of Payment**

HSDC accepts cash, checks (made payable to HSDC), and credit cards. Clients may also pay over the phone by contacting the Billing Department at [clinicbilling@hsvc.org](mailto:clinicbilling@hsvc.org) or at (206) 388-1270.





**Your Information.  
Your Rights.  
Our Responsibilities.**

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

**Your Rights**

**You have the right to:**

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ **See page 2** for more information on these rights and how to exercise them

**Your Choices**

**You have some choices in the way that we use and share information as we:**

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

➤ **See page 3** for more information on these choices and how to exercise them

**Our Uses and Disclosures**

**We may use and share your information as we:**

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

➤ **See pages 3 and 4** for more information on these uses and disclosures

## Your Rights

### When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

#### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

#### Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

#### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

### In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

### In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

### In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

#### Treat you

- We can use your health information and share it with other professionals who are treating you.

**Example:** A doctor treating you for an injury asks another doctor about your overall health condition.

#### Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

**Example:** We use health information about you to manage your treatment and services.

#### Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

**Example:** We give information about you to your health insurance plan so it will pay for your services.

*continued on next page*

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

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**Help with public health and safety issues**

- We can share health information about you for certain situations such as:
    - Preventing disease
    - Helping with product recalls
    - Reporting adverse reactions to medications
    - Reporting suspected abuse, neglect, or domestic violence
    - Preventing or reducing a serious threat to anyone’s health or safety
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**Do research**

- We can use or share your information for health research.
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**Comply with the law**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
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**Respond to organ and tissue donation requests**

- We can share health information about you with organ procurement organizations.
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**Work with a medical examiner or funeral director**

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
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**Address workers’ compensation, law enforcement, and other government requests**

- We can use or share health information about you:
    - For workers’ compensation claims
    - For law enforcement purposes or with a law enforcement official
    - With health oversight agencies for activities authorized by law
    - For special government functions such as military, national security, and presidential protective services
- 

**Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.
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## Our Responsibilities

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- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

**This Notice of Privacy Practices applies to the following organizations.**