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Clinical Operations Key Takeaways

Clinical Operations Policy 601: Criteria for Admission for Therapy Services at MSHC

Individuals of all ages are eligible for treatment if they have a communication or swallowing disorder or if intervention may prevent such a disorder. Admission to services requires collaboration with the Patient, family, or guardian. Eligibility for assessment and treatment is based on factors such as referrals, screening failures, functional communication limitations, and the impact of communication or swallowing difficulties on daily life. Admission procedures involve registration, evaluation, and placement on a waitlist, with therapy assignments based on need, student training requirements, availability, and scheduling logistics.

Clinical Operations Policy 602: Straight to Therapy Admissions Process

Patients seeking therapy without an evaluation must submit a recent SLE from a certified SLP, with standard scores. Children under 3 must provide a current hearing evaluation from a certified audiologist, while those over 3 will undergo a hearing screening at admission. Evaluations must be within 6 months for children under 4 and within 12 months for those over 4. The business office will explain the “Straight to Therapy” process, waiting list procedure, and student training model. Once received, an SLP will review the reports to ensure completeness and determine if additional testing is necessary. If the child is under 3 or has significant hearing history, an audiologist will review hearing reports. After approval, the patient is placed on the SLP Therapy Wait List, and the business office contacts the family to confirm placement and verify contact details.

Clinical Operations Policy 603: Discharge and Follow-up from Therapy Services

Discharge ideally occurs when the communication or swallowing disorder is resolved or effectively managed, but other factors may also necessitate discharge. The decision is made collaboratively with the patient, family, or guardian, with efforts to provide follow-up after discharge. Patients may be discharged due to goal completion, lack of progress, medical or behavioral concerns, noncompliance, lack of support, attendance issues, or financial constraints. Follow-up recommendations, such as maintenance therapy or referrals, are provided as needed, with the supervising clinician overseeing the process.

Clinical Operations Policy 604: Reporting of Clinical Information and Progress

Clinical services are documented electronically and communicated verbally to the patient/guardian. Documentation, including progress notes, SOAP notes, and discharge summaries must be completed in the EMR system within specified timeframes. Diagnostic reports must also be completed in or uploaded to the EMR system within specified timeframes (e.g., audiology reports within 24 hours, speech-language reports within 5 days unless otherwise instructed by a supervisor). All documentation is reviewed by supervising faculty, with feedback provided for revisions if necessary. Final reports are sent to the patient and relevant parties within either by mail or electronically. Formal patient-family conferences are held at the start and end of treatment, with the supervising faculty present, while informal updates may be given post-session. The process ensures thorough documentation, timely communication, and adherence to privacy guidelines.

Clinical Operations Policy 605: The Maintenance of Clinical Records

Patient records must be current, secure, and confidential. All documentation, including reports and signed forms, is scanned into the EMR system under the correct headings. Patient information is confidential and should only be discussed with those directly involved in the case. Requests for

information are handled through the HIPAA Privacy Office, and a signed release of information is required for sharing patient data. Physical files, used before August 2023, are stored securely in the file room and are kept for 10 years after the last professional contact, with specific guidelines for minors. All records are managed according to HIPAA standards for privacy and security.

Clinical Operations Policy 606: Client Referrals from Outside Agencies

Referrals to the Memphis Speech and Hearing Center are accepted from any source, including self-referrals. Professional referrals are processed electronically and categorized by staff or student workers. A physician's referral is required for all patients regardless of individual insurance requirements. Referral sources receive a copy of the report upon request, and their name is included in the report, adhering to HIPAA guidelines.

Clinical Operations Policy 607: Client Referrals to Outside Agencies

A referral to an outside agency will be made if the needed services are unavailable at the center or if additional services are warranted. The supervising clinician must inform the patient that a referral is necessary and provide at least three appropriate service providers (if available) with their contact details. The patient or guardian must sign a Release of Information (ROI) form for the referral. This form will be documented in the patient's electronic medical record (EMR). The supervising clinician will record the referral recommendation and any communication with the external agency in the EMR system. Any reports or information will be shared securely through the EMR system, based on the appropriate release of information. If the patient/guardian disagrees with the referral, it must be documented in the patient's record. If the refusal impacts treatment (e.g., refusing an ENT referral for a voice patient), services may be terminated.

Clinical Operations Policy 608: Criteria for Hearing Evaluation Prior to Speech-Language Evaluations

Children under 36 months scheduled for a speech-language evaluation must either undergo a hearing evaluation or submit a recent one, including assessments of hearing sensitivity and middle ear function, from a licensed audiologist. If a previous hearing test is unavailable or deemed incomplete, a hearing evaluation will be scheduled before or alongside the speech-language evaluation. External hearing evaluations are reviewed by an audiology faculty member to ensure the results are complete and reliable for communication purposes, with any additional testing recommendations discussed with the speech-language pathologist.

Clinical Operations Policy 609: Hearing Aid Dispensing Procedure for MSHC Patients

The hearing aid dispensing procedure at the Audiology clinic includes several key steps. First, a hearing evaluation determines the need for hearing aid services, and the clinician reviews the procedures with the patient. Follow-up appointments are scheduled, including hearing aid examination, selection, fitting, and orientation. During the hearing aid selection appointment, the total cost, payment due dates, and additional fees are reviewed with the patient, and the necessary paperwork is completed. The fitting and orientation appointment includes finalizing the agreement, completing billing, and collecting any remaining payments. Additional costs may apply for ear impressions or molds.

Clinical Operations Policy 610: Checking in Earmolds, Hearing Aid Repairs, and New Hearing Aid Orders

Audiology faculty or student clinicians will document details of earmold orders, hearing aid repairs, or hearing aid orders in the EMR under Lab Orders. Business Office personnel or Graduate

Assistants will check-in devices and accessories that come in through USPS, UPS, FedEx, or other delivery companies for patients.

Clinical Operations Policy 611: Hearing Aid(s) Returns to the Memphis Speech and Hearing Center

Hearing aid returns will be handled by the Billing Coordinator. Clinician and/or business staff personnel will collect hearing aid(s) and all parts from patient, put in bin, and notify dispensing audiologist. Patient will be notified that they will not be reimbursed for shipping, handling, professional services, ear impressions or earmolds. The Billing Coordinator will be notified of the refund amount. Dispensing audiologists will complete return form, shipping return label, and schedule pick up.

Clinical Operations Policy 612: Limitations to Scheduling Patients for Diagnostic Services

Patients with a history of absences or an outstanding balance at the Memphis Speech and Hearing Center will not be rescheduled for diagnostic appointments. If a patient misses an appointment, they will be placed on an on-call list and may be scheduled for the following semester. Additionally, patients with an unpaid balance may not be scheduled for any appointments until the Billing Coordinator determines a deferment plan is in place. No-show and attendance policies are outlined in the center's procedures.

Clinical Operations Policy 613: Camps Involving Minors

Special programs or "camps" for minors using University facilities must adhere to strict policies regarding minors on campus. These programs require permission from the Dean and Provost, along with submission of a Minors on Campus Certification form. All employees, students, and volunteers involved must undergo background checks, sex offender registry checks, and Minors on Campus training. Additionally, safety protocols are outlined, ensuring minors are always supervised, with proper emergency procedures in place. The camp coordinator must also create a participant code of conduct, detailing expectations and consequences for dismissal.

Clinical Operations Policy 614: MSHC Services for Individuals Associated with SCSD and University of Memphis

All appointments and services at the Memphis Speech and Hearing Center (MSHC) must be scheduled through the business office, which also handles device and equipment purchases. The billing coordinator is responsible for discussing insurance benefits and financial responsibility with patients. No free services are offered, and all patients, including those affiliated with the University of Memphis, must follow established scheduling protocols. MSHC accepts various insurance plans, including those for University employees and students, and offers a need-based financial assistance program (CAP) for those struggling to pay.

Clinical Operations Policy 601

Criteria for Admission for Therapy Services at MSHC

Effective Date: August 18, 2022

Supersedes Date: August 9, 2012

Review Date: May 2028

Policy: Individuals of all ages are eligible for treatment when their ability to communicate and/or swallow is impaired or when there is reason to believe that treatment will prevent the development of a communication or swallowing disorder. The decision to admit an individual to these services must be made in conjunction with the potential Patient and/or the Patient's family or designated guardian, as appropriate.

Procedure:

- I. Eligibility for further assessment and subsequent treatment is indicated if one or more of the following factors are present:
 - a. Referral because of suspected communication or upper aerodigestive disorder from the potential Patient, family member, audiologist, physician, educator, other speech-language pathologist, psychologist, or other allied health professional.
 - b. Failure to pass a screening assessment for communication and/or upper aerodigestive function.
 - c. The potential Patient is unable to communicate functionally or optimally across environments and communication partners.
 - d. The presence of a communication or upper aerodigestive disorder has been verified through an evaluation by a certified speech-language pathologist or audiologist.
 - e. The potential Patient's ability to communicate is not comparable to others of the same chronological age, gender identity, ethnicity, or cultural and linguistic background.
 - f. The potential Patient, family, and/or guardian seeks services to achieve and/or maintain optimal communication (including alternative and augmentative means of communication), and/or upper aerodigestive skills.
 - g. The potential Patient's communication skills negatively affect educational, social, emotional performance, vocation, and/or status of health and safety.
 - h. The potential Patient's swallowing/feeding skills negatively affect their nutritional health or safety status.
 - i. The potential Patient, family, and/or guardian seek services to achieve and/or maintain optimal communication and/or swallowing skills.
 - j. The potential Patient, family, and /or guardian seek services to enhance communication skills.
- II. Procedures for Admission to Therapy/Instruction
 - a. Registration for services is managed by the office staff and entered into the EMR system.
 - b. Patients seen for an evaluation and who wish to be placed on the waiting list for therapy are added to the SLP therapy wait list via the EMR system.
 - c. Patients are offered therapy services based upon the following considerations:

- i. Patient's acuity of condition and need.
- ii. Specific disorder type needed for student training.
- iii. Availability in a particular therapy program.
- iv. Length of time on the waiting list based on the evaluation date.
- v. Patient's availability for open therapy slots.
- vi. When a Patient's schedule is confirmed, the office staff schedules the sessions in the EMR system.

Clinical Operations Policy 602

Straight to Therapy Admissions Process

Effective Date: August 19, 2012

Supersedes Date: May 1, 2023

Review Date: May 2027

Policy: Patients wishing to be admitted to therapy without having an evaluation at the Memphis Speech and Hearing Center must submit the results of a complete speech/language evaluation. The evaluation must be administered by a certified speech-language pathologist and include test results with standard scores, if applicable. If the Patient is a child under the age of three years, the parent or guardian must submit the results of a hearing evaluation completed by a certified audiologist. Any Patient above the age of three years will undergo a hearing screening upon admission. All tests must be “current,” defined as: within six months for birth to four- year-old; twelve months for children above four years of age.

Procedure:

- I. Verbal request from patient/parent/caregiver or professional
 - a. When the request is received to bypass the evaluation and be directly enrolled into therapy, the business office personnel taking the call will do the following:
 - b. Describe the “Straight to Therapy” process.
 - c. Describe the Waiting List process.
 - d. Explain the nature of a student training program. Specifically, that student clinicians provide services under the supervision of a certified clinician.
 - e. Convey that the appropriate therapy programs are recommended only after all reports are reviewed by the clinical supervisor.
 - f. Inform the caller about Tennessee Early Intervention Services (TEIS) if the child is under age three.
 - g. Request all required documentation, as listed below:
 - i. A complete current speech/language evaluation administered by a certified speech/language pathologist. “Current” means within six months for children ages birth to four and twelve months for individuals four and above.
 - ii. A complete current (within six months) hearing evaluation administered by a certified audiologist if the child is under the age of three years.
 - h. Inform them that once a slot is available a physician’s referral is necessary if services are to be covered by insurance.
 - i. If asked, provide three resources of information regarding other therapy providers.
 - j. Obtain insurance provider information.
 - k. Report therapy fee schedule.
 - l. Intake Information
 - m. The designated business associate scans all information into EMR
 - n. Once reports and documentation are received, a reminder is sent to the reviewing SLP
 - o. Evaluation information is reviewed

- p. All straight to therapy requests will be managed by an assigned SLP, who will review the speech/language diagnostic report(s) and:
 - i. Determine if reports are complete and current.
 - ii. Determine if further testing will be required.
 - iii. Make recommendations/referrals as appropriate.
 - iv. If the child is under the age of three or the Patient has a significant hearing history the hearing diagnostic information is reviewed by an Audiologist faculty member and will:
 - 1. Determine if reports are complete and current.
 - 2. Determine if further testing will be required.
 - 3. Make recommendations/referrals as appropriate.
- q. If all information is complete, the reviewing SLP will request that the office associate contact the parent/Patient to inform them of the decision.
- r. Following the decision to proceed, the reviewing SLP will add the patient to the SLP Therapy Wait List located in the Team-MSHC Clinicians. The SLP will include the disorder(s), severity, recommendations, and recommended therapy program(s), and the evaluation date.
- s. If appropriate, more than one program should be considered when making the recommendation.
- t. The business associate will contact the Patient/parent to inform them that all paperwork has been received and that they have been placed on the request for services list (waiting list). They will also confirm:
 - i. the Patient/parent(s) name(s)
 - ii. address(es)
 - iii. contact numbers (multiple numbers are helpful)
 - iv. and insurance provider information.
 - v. They will also remind the (Patient or caregiver to notify MSHC if any contact information changes.
- u. If the Patient has specific questions regarding the recommendation or any other clinical process, they will be referred to the SLP in charge of the therapy program.
- v. If the information submitted for review is incomplete, the reviewing SLP will forward the file to the business associate to contact the parent/caregiver and request the missing data.

II. Scheduling the Patient

- a. The faculty member submits information in the Patient Management System that indicates the Patient is "Straight to Therapy".
- b. The business associate will enter the schedule and contact the insurance carrier for precertification if applicable.
- c. The responsible party who calls to schedule the therapy will advise the Patient to come early on the first day to complete the paperwork. Every effort will be made to provide the paperwork to the Patient before the appointment.

III. Patient check-in on the first therapy visit

- a. On the first therapy visit the Patient will sign-in and will follow procedures for the check-in of new Patients (Policy C-217).

- b. The student clinician and faculty member will review the updated information before the session. Additional testing, including a hearing screening, may be performed in the first session.

Clinical Operations Policy 603

Discharge and Follow-Up from Therapy Services

Effective Date: August 9, 2012

Supersedes Date: May 1, 2023

Review Date: May 2026

Policy: Patient discharge from treatment ideally will occur when the communication or swallowing disorder is remediated or when compensatory strategies are successfully established. Because these goals can't always be achieved, additional factors will be considered. The decision to discharge a Patient from treatment/instruction will be made in conjunction with the Patient and/or family or guardian, as appropriate. Every attempt is made to follow the Patient after discharge/transfer.

Procedure:

I. Conditions for Discharge

- a. Eligibility for discharge is indicated if one or more of the following factors are present.
 - i. The communication or feeding and swallowing disorder is defined within normal limits or is now consistent with the Patient's premorbid status.
 - ii. The goals and objectives of treatment have been met.
 - iii. The patient's communication abilities are consistent with prognosis and/or have become comparable to those of others of the same gender identity, ethnicity, or cultural and linguistic background.
 - iv. The patient's speech, language, communication, and/or feeding and swallowing skills no longer adversely affect the Patient's educational, social, emotional, or vocational performance or health status.
 - v. The patient who uses an augmentative or alternative communication system has achieved optimal communication across environments and communication partners.
 - vi. The patient has attained the desired level of standardized communication skills.
 - vii. Treatment no longer results in measurable benefit. There does not appear to be any reasonable prognosis for improvement with continued treatment. It is appropriate to consider future reevaluation to determine if the patient's status has changed or whether new treatment options have become available.
 - viii. The patient is unable to tolerate treatment because of new onset or progression of a serious medical, psychological, or other condition.
 - ix. The patient demonstrates behavior that interferes with improvement or participation in treatment (e.g., noncompliance, malingering), providing that efforts to address the interfering behavior have been unsuccessful.
 - x. There is a lack of appropriate and necessary support for treatment.
 - xi. The patient is unwilling to participate in treatment.
 - xii. Treatment attendance has been inconsistent or poor and efforts to address these factors have not been successful. Two unexcused absences (and/or tardiness by 15 minutes) within a 90-day period will result in patient

discharge from therapy. Patients/families are informed of this attendance policy prior to admission and will be asked to sign an attendance agreement.

- xiii. The Patient or guardian fails to follow through with referrals or recommendations, thus impeding progress in therapy.
- xiv. The Patient is referred to and accepted in another program when services not available at the Memphis Speech and Hearing Center are required (e.g., educational, interdisciplinary treatment program, etc.).
- xv. No service may be provided for a Patient who has an outstanding balance from a previous semester. A deferment plan may be established in some cases. Arrangements are to be made with the business office.
- xvi. The supervising clinical faculty member and associated student are expected to discuss discharge plans with the Patient/parent as an ongoing part of the therapy process. If the Patient, parent, or family member who carries legal responsibility does not agree with dismissal, an additional period of treatment, not to exceed (four) 4 weeks, might be considered to help the Patients served understand and accept the dismissal decision.

II. Follow-up Procedures after Discharge/Transfer

- a. Follow-up arrangements (i.e., maintenance therapy, speech-language re-check, referral to another agency, etc.) will be recommended to meet the needs of the Patient as needed. The supervising clinician is responsible for management of the Patient's follow-up.

Clinical Operations Policy 604

Reporting of Clinical Information and Progress

Effective Date: August 18, 2022

Supersedes Date: August 19, 2012

Review Date: May 2028

Policy: Clinical services are documented electronically and reported verbally to the client/guardian.

Procedure:

I. Reporting

a. Evaluation Report

- i. All reports are to be completed in the EMR system or if completed outside of the EMR system, scanned into the EMR.
- ii. The student will complete speech/language reports within 3 to 5 working days (depending on the type of report and supervisor instruction) and audiology reports within 24 hours.
- iii. For audiology students, the first version of the electronic report is reviewed by the supervising faculty member. Acceptability is based on timeliness and extent of revision required. The faculty member will make the necessary revisions and may forward the revised report to the student as feedback. If the report is poorly written and the faculty member's revision is exhaustive, the faculty member can request a full re-write of the report with guidelines for improvement. A poorly written report may be reflected in the student's clinic grade.
- iv. For speech-language pathology (SLP) reports, a template is used for the heading and format for the report. If the report is poorly written and the faculty member's revision is exhaustive, the faculty member can request a full re-write of the report with guidelines for improvement. Grading consequences for a poorly written report will apply on subsequent submissions.
- v. Speech-language test forms should be kept in the master file located in the file room.
- vi. After the responsible faculty member reviews and evaluates reports, they may notify the student that the report requires corrections and edits. The student has one day to make corrections. The faculty member is responsible for reviewing, signing, and sending it to the patient and relevant partners in care.

- vii. The office associate may mail the report to the patient and relevant partners in care along with individuals or agencies listed on the release of information form when requested by the supervising clinician. Reports must be mailed within 48 hours of report completion. Reports can also be sent electronically via the patient portal or fax.
 - viii. The office associate ensures that the master files' contents are in the appropriate order (see [Policy 605](#)) and returned to the designated location. The master file is filed in the file room by business office personnel or a graduate assistant.
- b. Clinical Summary Report
 - i. Reports will be completed at the supervising faculty member's discretion every semester, depending on the requirements of the pay source.
 - ii. The report format templates are on the shared clinic drive.
 - iii. The final summary report will be added to IMS, and a copy will be sent to the patient and relevant partners in care. The master file will be placed in the file room.
- c. Annual Re-Evaluation Report for Clients in Treatment/Instruction
 - i. After one year of service, clients may be re-evaluated by the current supervisor and student seeing the client that semester. An annual report will be written to summarize services provided, results of testing, progress made, and subsequent recommendations.
- d. Discharge Summary Report
 - i. The discharge summary report is a complete summary of service, the progress gained in treatment and instruction, results of final testing, and recommendation at discharge.
- e. Progress/SOAP Notes
 - i. Progress notes or SOAP notes will be recorded in the electronic medical record.
- f. Verbal Reporting
- g. Evaluation Reporting
 - i. Results of the evaluation will be presented and explained to the client/guardian at the conclusion of the evaluation unless the client was referred by the DDS.
 - ii. The student and supervising faculty member may choose to plan the delivery of the results before they meet with the client/parent.
- h. Formal Client/Family/Parent Conferences in Treatment
 - i. The student and supervising faculty member will discuss treatment objectives, procedures, and discharge criterion with the client/family at the beginning of the service period.
 - ii. The student and supervising faculty member will discuss the results of the treatment objectives, post-therapy testing results, and subsequent recommendations with the client/family at the end of the service period/discharge.
 - iii. Additional conferences may be scheduled if necessary.
 - iv. The supervising faculty member must be present during all client/family/parent conferences.
- i. Informal Dissemination of Information

- i. Following a session, the student clinician may briefly inform the parent/caregiver of how the client did in therapy that day, in accordance with HIPAA policy.
- ii. If a parent/caregiver expresses specific concerns or requests more detail, the student will suggest that the caregiver schedule a conference with the supervising faculty member to address concerns or requests.

Clinical Operations Policy 605

The Maintenance of Clinical Records

Effective Date: July 31, 2019

Supersedes Date: May 1, 2023

Review Date: May 2026

Policy: All client records will be current, orderly, secure, and confidential.

Procedure:

I. Current Practice

- a. Documentation should be scanned into the EMR system, IMS. This is to include all protocol forms, reports, patient signed forms, etc. These forms should be entered as the date the patient was seen and under the correct heading for the type of appointment and paperwork completed.

II. Confidentiality

- a. All patient information is to be kept confidential and should never be discussed with anyone not directly involved in the case.
- b. All requests for confidential information are to be handled by the HIPAA Privacy Office, their designee, or business office.
- c. The signed release of information is valid for a period of 4 months.
 - i. At the age of 18 years, patients should sign a current release of information for themselves.
 - ii. Individuals over the age of 18 and under the guardianship of parents, a person, or an agency, will need to provide proof of a Healthcare Power of Attorney that will then be into their electronic file.
 - iii. A release signed by a patient, parent, or guardian, is required before a report can be set to an entity other than the referring agency.
 - iv. No Protected Health Information (PHI) will be divulged over the telephone without signed consent.
 - v. Refer to the Clinical Operations Policy 215 or the SCSD HIPAA Manual or the HIPAA Compliance Committee for further information regarding HIPAA.

III. Prior to August 2023

- a. Location and security of Patient Physical Master Files
 - i. Each patient was given a physical file, prior to August 2023. These files are kept in the file room, located in the business office. The file room is monitored during working hours and is only accessible via badge access after-hours.
 - ii. Patient physical files are to never leave the building. A student or faculty member may review the file, if needed, within the file room.
- b. Order of Master Files (blue)
 - i. Each blue file contains the following information. Documents not listed below were not kept in the file and scanned into the previous

EMR system, Cerner, before being transferred to the new EMR system, IMS.

ii. Left Side

1. Demographic sheet containing all demographic information, insurance, and parent/guardian information.

iii. Right Side

1. MSHC Reports such as the SLP original evaluation or DDS reports; SLP test forms including protocol forms; Audiology hearing aid data.
- c. The physical files (tan and blue) will be kept in the file cabinet for 5 years. After a file has been inactive for 5 years, it is removed, and placed in a locked closet in MSHC for an additional 5 years.
- i. Tennessee law specifies that medical records are to be kept for 10 years after the last professional contact.
 - ii. The records of minors are kept for 10 years after the last professional contact and/or until the minor is 19 years of age, whichever is longer

Clinical Operations Policy 606

Client Referrals from Outside Agencies

Effective Date: August 18, 2022

Supersedes Date: March 1, 2008

Review Date: May 2028

Policy: Referrals to the Memphis Speech and Hearing Center are accepted from all sources including self-referral.

Procedure:

- I. Referrals from professionals/agencies are received via electronic fax. Referrals are reviewed, categorized and added to the referral task list by a business office associate or student worker(s).
- II. A physician's referral is required before services are rendered if the Patient/guardian intends to file a claim for services with an insurance provider. This is a clinic policy and applies to all Patients even if that Patient's insurance does not require a referral.
- III. The referral source will receive a copy of the report as requested even if the Patient/guardian has not listed the referral source on the release of information form. (For more information see HIPAA (Health Insurance Portability and Accountability Act) and Health Information Guidelines).
- IV. The name of the referral source is included in the report.

Clinical Operations Policy 607

Client Referrals to Outside Agencies

Effective Date: September 7, 2001

Supersedes Date: May 1, 2023

Review Date: May 2026

Policy: Referrals will be made to outside agencies for patients when appropriate services are not available at the Memphis Speech and Hearing Center or if additional services are warranted which are not available at the Center.

Procedure:

- I. The supervising clinician will advise the Patient that an outside referral is warranted.
- II. If the patient/guardian agrees with the referral or requests a referral to another professional or agency for diagnostic or therapy services, at least three names, if available, and numbers of appropriate service providers will be given.
- III. The patient/guardian will sign a release of information (ROI) to referral choice. This ROI will be recorded in the patient's chart in EMR system.
- IV. The supervising clinician will record the recommendation and any contacts with the referring agency in EMR system.
- V. Reports and information will be provided as requested per appropriate release of information via secured EMR system.
- VI. If the patient/guardian is not in agreement with the referral, the supervising clinician is to document this in the Patient's record in EMR system. Services may be terminated if the refusal of the referral restricts the ability to treat the patient appropriately (e.g., an ENT referral for a voice Patient) or hinders progress in treatment.

Clinical Operations Policy 608

Criteria for Hearing Evaluation Prior to Speech-Language Evaluations

Effective Date: August 18, 2022

Supersedes Date: January 25, 2011

Review Date: May 2026

Policy: All children younger than 36 months of age at the time of the evaluation who are scheduled for a speech-language evaluation must be seen for a hearing evaluation or submit a recent hearing evaluation (to include hearing sensitivity and middle ear function) from a licensed audiologist/professional.

Procedure:

I. Audiologic Testing at Another Facility

- a. External hearing evaluations are reviewed by an audiology faculty member and are evaluated on completeness and reliability that qualifies hearing is appropriate for communication.
- b. The audiologist will discuss with the speech-language pathologist any recommendations for further audiological testing prior to the scheduled speech-language evaluation.

II. No Previous Testing

- a. If hearing test results are not available or the audiologist determines that external results obtained are incomplete, a hearing test is scheduled prior to or in conjunction with the speech-language evaluation.

Clinical Operations Policy 609

Hearing Aid Dispensing Procedure for Memphis Speech and Hearing Center Patients

Effective Date: August 18, 2022

Supersedes Date: June 1, 2013

Review Date: May 2026

Policy: Hearing aid dispensing procedures for the Audiology clinic

Procedure:

I. Hearing Evaluation Appointment

a. Clinician will:

- i. Determine need for hearing aid services and/or other options for amplification
- ii. Give patient a copy of the Procedures for Obtaining a Hearing Aid at MSHC handout and review the handout with them.
- iii. Schedule appropriate follow-up appointments with business office.
- iv. All hearing aid appointments should be scheduled in the following manner:
 1. Hearing Aid Examination and Selection-1 week following HE
 2. Hearing Aid Fitting and Orientation-2 weeks following HAE/S or once the hearing aid is received from the manufacturer.
 3. Follow-Up-2 weeks following fitting
 4. Hearing Management Group - on next scheduled dates

II. Hearing Aid Examination and Selection Appointment

a. Following the hearing aid selection with the patient, the clinician will:

- i. Indicate on the Hearing Aid Purchase Agreement the total cost of the hearing aid including shipping and handling, and additional features or accessories.
- ii. Review the Hearing Aid Receipt with the patient to ensure they understand each section including:
 1. Payment due dates (Memphis Speech and Hearing offers NO payment plan)
 2. Half of the cost of the hearing aid(s) is due at the time of ordering
- iii. Remaining balance is due at the hearing aid fitting and orientation appointment
 1. Service fees are separate from the cost of the hearing aid and are non-refundable.
 2. HAE fee is due on the day of the selection and the fitting and dispensing fees are due at the hearing aid fitting and orientation appointment.
 3. Return policy
 4. Additional costs may apply
 - a. If an ear impression is taken, the clinician will review the cost for the ear impression(s) and ear mold(s) and have the patient sign the Consent for Taking Ear Impressions.
 - b. Standard ear mold(s) remain at the current price. Specialty ear mold(s) will require a price quote.

5. The clinician will complete billing in the EMR for the total cost of the hearing aid including shipping and handling, added items or accessories, earmolds and impressions if applicable, and service fees for the appointment.
6. The clinician will include all the above information in the report template completed following the appointment.

III. Hearing Aid Fitting and Orientation appointment

- a. The remaining portion of the Hearing Aid Receipt will be completed, and the clinician will have the patient sign the agreement.
- b. A copy is given to the patient at check-out
- c. The clinician will complete the billing and the patient will pay remaining charges.

Clinical Operations Policy 610

Checking in Earmolds, Hearing Aid Repairs and New Hearing Aid Orders

Effective Date: July 1, 2023
Supersedes Date: June 1, 2023
Review Date: May 2027

Policy: Audiology faculty or student clinicians will document details of earmold order, hearing aid repair, or hearing aid orders in the EMR under Lab Orders. Business Office personnel or Graduate Assistants will check-in devices and accessories that come in through USPS, UPS, FedEx, or other delivery companies for patients.

Procedure:

I. Business Office Personnel

- a. All arriving orders will be received by the Business Office.
- b. The Business Office will complete a hearing aid check-in tracking form. The business associate will then place the devices and hearing aid check-in tracking form in the appropriate box -- indicating a new or repaired device -- in the Hearing Aid Workroom (CHB 1010).

II. Faculty Member or Student Clinician

- a. Faculty member or student clinicians will notify the business office to call patient and schedule appointment to pick up device(s) or accessories via reminders in EMR. All device, accessory, or repair orders will be documented by clinicians according to check-in procedures in the EMR on the Lab Orders tab.
- b. The device or accessories are to be placed in appropriate box, indicating it is ready to be picked up.
- c. Clinicians will complete the informational card placed on the front of the bins so that relevant information may be obtained easily.

Clinical Operations Policy 611

Hearing Aid(s) Returns to the Memphis Speech and Hearing Center

Effective Date: August 18, 2022

Supersedes Date: June 1, 2013

Review Date: May 2026

Policy: Hearing aid returns will be handled by the Billing Coordinator

Procedure:

I. Patient returns hearing aid(s) to clinician or front desk staff member.

II. Patient will complete the Hearing Aid Request form and indicate reason for return.

III. Clinician and/or business staff will:

- a. Collect hearing aid(s) and all parts from patient and put in hearing aid bin on shelf and notify dispensing audiologist a return has been made.
- b. Notify the patient that they will not be reimbursed, per contract, for shipping and handling charges, professional services, ear impressions or earmolds.
- c. The billing coordinator will be notified of the amount needed to refund the patient. Please note the appointment (service) fees are not to be refunded nor will ear impressions, earmolds, or shipping and handling.
- d. Dispensing audiologist or designee will complete the manufacturer's specified return form, complete shipping return label, and schedule pick up of return.
- e. Dispensing audiologist will complete a note in IMS and in the lab section of IMS.
- f. MSHC Billing Coordinator will verify the credit has posted on the hearing aid account and complete the reimbursement for the patient.

Clinical Operations Policy 612

Limitations to Scheduling Patients for Diagnostic Services

Effective Date: August 18, 2022

Supersedes Date: August 19, 2012

Review Date: May 2026

Policy: Patients with a history of absences or a delinquent account with the Memphis Speech and Hearing Center will not be re-scheduled for diagnostic appointments.

Procedure:

I. Missed Appointments

- a. Patients will not be rescheduled for diagnostic appointments if they fail to show for the appointment. The Patient will be added to an on-call list and will have an opportunity to schedule for the following semester. The Practice Manager may make this determination.
- b. No-show and attendance policies for therapy and diagnostic evaluations can be found in Policy Clinical Operations 202 Discharge and Follow-Up from Therapy Services and Policy Business Office Operations 406 No Show.

II. Outstanding Balance

- a. Patients will not be scheduled for diagnostic or therapy appointments when the Billing Coordinator determines that the Patient has an outstanding balance from a previous semester. The Patient may arrange a deferment plan with MSHC.

Clinical Operations Policy 613

Camps Involving Minors on Campus

Effective Date: May 1, 2019

Supersedes Date: May 1, 2019

Review Date: May 2028

Policy: Special programs considered as “camps” for minors using University facilities must follow the policies and guidelines as it relates to minors on campus.

Procedure:

I. Minors on Campus Certification

- a. Permission from the Dean and the Provost must be obtained when planning a camp for minors at the Community Health Building.
- b. The Minors on Campus Certification form is submitted for signature with a description of the proposed camp.
- c. Requirements
 - i. The [requirements and forms](#) necessary for employees and volunteers are on the Legal Counsel Website.
 - ii. All employees and volunteers need proof of background/sex offender registry checks and Minors on Campus training. Either the Directors of Clinical Education or the School’s Administrative Associate will keep records of proof of participants’ training (Clinical Education Policy 508 Required Immunizations, Certifications, Trainings, and Background Checks for all Faculty, Staff, Volunteers, and Students Working in SCSD and MSHC).
 - iii. Students may be considered volunteers if the assignment is not related to a course or graduate assistant duties.
 1. Volunteers must submit a Volunteer Form five days before the scheduled start date of the program/activity, so Legal Counsel has time to file them with the State of Tennessee.
 - iv. All employees, students, and volunteers involved in the camp/activities will receive a packet of information and forms to be signed that includes:
 1. Guidelines for Working with Minors: A list of Do’s and Don’ts
 2. Staff-to-participant ratios
 3. Reporting Responsibilities: Every Person has an Obligation to Report Child Abuse
 4. Statement of Acknowledgement Minors on Campus

II. Safety

- a. Policy Phys-304 in the School of Communication Sciences and Disorders Handbook covers the emergency procedures for all individuals in the Community Health Building.
- b. All minors must be always supervised.
- c. All Patients at MSHC have signed consent forms, and information is gathered to include medical conditions, dietary restrictions, medications, and emergency contacts.
- d. Specific camps/activities may require additional documentation for participants to include medication that needs to be taken during the camp, a media release, and a

statement of assumption of risk. These [forms](#) are located on the Legal Counsel website.

- i. When possible, medically trained staff should be available during the camp hours.
- ii. The coordinator of the camp will create a drop-off and pick-up plan for the camp and include it in the information provided to the families.

III. Participant Code of Conduct

- a. The coordinator of the camp/activity will create a code of conduct that is explained to the participant and given to the parent/guardian.
- b. The code should contain an explanation of expectations of the participant as well as conditions that may lead to dismissal.

Clinical Operations Policy 614

MSHC Services for Individuals Associated with SCSD and University of Memphis

Effective Date: August 1, 2024

Supersedes Date: August 1, 2024

Review Date: May 2026

Policy: All appointments and services offered by MSHC are scheduled through the business office. All devices and equipment purchases are processed through the business office. Discussion of benefits and financial responsibility is completed by the billing coordinator in the business office. No free services are offered at MSHC.

Procedure:

- I. All audiology and speech-language pathology services are scheduled through the business office. This applies to all patients including:
 - a. Individuals and their families who work for the University of Memphis including the School of Communication Sciences and Disorders
 - b. Individuals and their families who are students at the University of Memphis including the School of Communication Sciences and Disorders
 - c. Individuals and their families who know employees or students at the University of Memphis including the School of Communication Sciences and Disorders
 - d. Appointments should not be made by anyone who is not an MSHC business office employee.
 - i. All appointments have a wait list for services, and patients should not bypass the wait list.
 - ii. Any exceptions are approved by the Practice Manager and Directors of Clinical Education, including follow-up appointments.
 - iii. Individuals associated with the University of Memphis should not indicate that they can make an appointment on the behalf of a patient.
 - iv. Individuals associated with the School of Communication Sciences and Disorders should not indicate they can help an outside party bypass the wait list for services or the established protocols for scheduling appointments.
 - e. All discussion of insurance benefits and financial responsibility should be completed by the billing coordinator in the business office. Providers and individuals associated with the School of Communication Sciences and Disorders should not discuss financial responsibility with patients, with some exceptions for audiology.
 - i. The benefits that cover evaluations and those that cover devices, such as hearing aids, are provided by different companies and therefore have different coverage.
 - ii. Some devices and services are not covered.
 - f. The billing coordinator in the business office will work with patients to verify their coverage amounts.
- II. There are no free services offered at MSHC for any patients.
 - a. MSHC accepts a variety of insurances (commercial, Medicare, and Medicaid) including insurances offered by the University of Memphis for employees.

- b. Services for students are included in the student fees that they pay as part of their tuition.
- c. We offer a need-based financial assistance program (CAP) to help those who are struggling to pay their bills regardless of their insurance status.