



NEW CLIENT PACKET

Dear Client/Caregiver,

Welcome to Kay Armstead Center for Communication Disorders. We are happy to have you and look forward to serving you this semester.

As you may know, our center is a training facility, and our mission is twofold: (1) To serve our clients to the best of our ability, and (2) to train excellent speech-language- pathologists. Our hope is to set up a mutually beneficial relationship that will benefit both our clients and our students. We've set the following policies up to ensure that.

1. Our waiting list functions as an applicant pool, and selections are based on many criteria, including, but not limited to: current clients and groupings, age and skills of the client, the extent to which the center can adequately serve the client's needs, availability of the client, expertise of the supervisor, and the educational needs of the student clinicians.
2. Potential clients without recent and/or adequate evaluative information are referred to our diagnostic clinic before being put on the waiting list. Potential clients WITH recent and adequate evaluative information can request to be put on our therapeutic waiting list, and will be forwarded the diagnostic clinic when the evaluative information is out of date. It is the responsibility of the potential client or caregiver to keep up to date on current evaluative information.
3. Once clients have been with us 4 semesters, they are reassessed through our diagnostic clinic to determine if they could continue at the center or not. This evaluation is free for current clients. Although it is not recommended, you may have an evaluation through your current student clinician IF they have completed the advanced assessment clinic. This is not advised, as it takes away from therapy time and does not allow a fresh perspective on your case. If your current student clinician has not completed the advanced assessment clinic, you must schedule a re-evaluation through the diagnostics clinic. If you are unable to do so, we will discharge the client without further information.
4. Clients/Caregivers must adhere to the absence policy (see attached).
5. Clients/Caregivers must keep their accounts current (see attached fee schedule).

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Communicative Disorders and Sciences

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Michael L. Kimbarow, Ph.D.

Faculty
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June McCullough, Ph.D.
Jean Neils-Strunjas, Ph.D.
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6. Regular sessions last 50 minutes. Clinicians have 2-3 minutes available for consultation during the clinical hour and must use the rest of the hour to make notes and prep for the next client, or clean the room for the next clinician. Other consultation may cut into therapy time. Our basic clinical model for 2 times per week includes one individual and one group session. Clients who are seen one time per week are seen individually.
7. Our Communication Skills Group for adults teaches communication in all modalities, including phone and email. Therefore we ask our clients to share their contact information with the clinicians and other group members who are participating that semester. Communication skills projects are designed around contacting each other outside of group time to practice independence and social language. Our clients have shown great benefit from this model. There is an opt out form available if caregivers or clients do not wish to disclose their contact information to others in the group. Please be advised that opting out will limit the client's participation in group activities.
8. We are not yet equipped to allow caregivers to observe sessions. Caregivers may be invited into the sessions for a few minutes to review skill work and so that your clinician can give you suggestions for home. Your student clinician will keep you informed of progress in therapy as well as any behavioral concerns that arise. Recordings of sessions are not available.
9. We have assembled a wonderful team of master's and doctoral level certified clinicians to supervise the students who are working in our clinic with you and your loved ones. Our supervisors have varied expertise and many years of clinical experience as well as supervision experience. The supervisors are evaluated each semester by their students, the clinic coordinator, and the chair of the department. Clinical decisions ultimately rest with the clinical supervisor. We appreciate caregivers as part of our team and welcome input. However, as a training institution, we cannot be expected to provide specific therapies upon request (i.e. ABA, Lindamood-Bell, TEAACH, etc.). We will always strive to provide the most appropriate and effective therapeutic interventions for you and your loved ones, by abiding by our professional scope of practice and code of ethics.
10. Caregivers of dependents **MUST** wait for their loved ones in the waiting area or nearby. If you will be leaving the waiting area momentarily (to move your car or get a cup of coffee at Jazzland), let your student clinician know before the session starts and provide your cell phone number.
11. Diagnostic evaluations performed in our clinic may be taken to outside agencies to contribute to a diagnosis or to assist with finding therapy services. We rely on the information that you provide to evaluate history and contribute to recommendations. We also understand that parents, especially, want a "fresh opinion" of their loved one, and are sometimes hesitant to provide historical documentation or information. From a therapeutic standpoint, this tends to hinder our evaluative process. Please be aware that information requested and provided will be documented in the evaluation report.

12. The following forms will be provided by the center and are required:

- Consent for evaluation and treatment
- Contact form
- Video consent and release form
- Documentation checklist

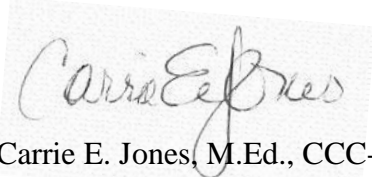
13. The following forms will be provided by the center and are optional:

- Release of information
- Request for information
- Media release form
- Contact information opt out form for Communication Skills Class

It is our sincere hope that our clients receive the best possible services and that our student clinicians have the best possible clinical education while serving our clients. We are happy that you've joined us and we look forward to a mutually beneficial relationship!

Please direct any questions first to your student clinician, then to their direct supervisor, and then to the clinic coordinator.

Thank you,

A handwritten signature in cursive script that reads "Carrie E. Jones". The signature is written in black ink on a light-colored, slightly textured background.

Carrie E. Jones, M.Ed., CCC-SLP
Clinic Coordinator, Supervisor, Lecturer
carrie.jones@sjsu.edu

Documentation Checklist:

In -Office Record

Client's Name: _____ Date of Birth: _____

Caregivers Name: _____

I have read and agree to the policies and procedures outlined in the welcome letter from the clinic, and the absence policy and the fee schedule.

Signed: _____ Date: _____

I have provided the clinic with the following REQUIRED documentation for my file:

_____ Consent for Evaluation and Treatment

_____ Contact Form

_____ Video Consent and Release Form

I have provided the clinic with the following OPTIONAL documentation for my file:

_____ Release of Information

_____ Request for information

_____ Media Release Form

_____ Opt Out Form for Sharing Contact Info (Communication Skills Class Only)

Please indicate any additional documentation or informational materials that have been given to the client or the caregiver here, and have the client or caregiver initial each item.



FEE SCHEDULE & ABSENCE POLICY

The fee schedule is as follows:

Adult Autism Communication Group: \$125/semester

Weekly therapy: \$20/session or

\$260/semester for once/week (1 session free)

\$520/semester for twice/week (2 sessions free)

Speech/ Language Evaluation: \$300

Augmentative/Alternative Communication Evaluation: \$500

Absence Policy:

- No refunds will be given for fees paid in advance or on a semester by semester basis.
- No partial payment will be made if a client comes late or leaves early.
- 24- hour cancellation policy: To avoid charges, you must notify your student clinician within 24 hours of an absence. Please make note of the best way to contact your student clinician.
- Two absences without 24 hour notice will result in automatic dismissal from therapy.
- Clients with more than 3 planned absences per semester will not be eligible for services and/or will be dismissed from therapy.
- You will be offered a make-up session if your clinician must cancel a session.
- Your clinician is not obligated to make up a session if you cancel, but they often will, according to their availability and availability of supervision.
- Clients are not to attend therapy if they have had a fever, have vomited or have had diarrhea within the last 24 hours, or if they have green mucus.

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Consent for Evaluation and Treatment

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The San Jose State University Center for Communication Disorders was established primarily for the purpose of teaching and training students. By utilizing the services of the clinic, the client should understand that, in order to accomplish teaching and training goals, it is frequently necessary that observation, audio and/or video recording, and/or other media be used. However, it should be clearly understood that the information obtained from or divulged by the client is treated with the strictest confidence.

I understand that any written information exchanges will be done only with my written permission.

I hereby consent to the:

- Diagnostic testing
- Therapy

conducted by the faculty, staff, and student clinicians. I further consent to the observation, listening, video, and/or audio taping of any interviews, therapy, or testing session in the San Jose State University Communication Disorders Center with the understanding that such observation, listening and/or taping is strictly for teaching purposes.

I also consent to the discussion of relevant confidential material to qualifies professional personnel in furtherance of clinical service on behalf of me, or any other person named below. I also authorize any professional individual or agency to discuss such information upon request from the Center for Communication Disorders, San Jose State University.

Name of Client

Signature of client

Date

Signature of Parent/ Guardian



CLIENT CONTACT FORM

KACCD-SAN JOSE STATE UNIVERSITY

DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS

PLEASE PRINT LEGIBLY

Client Name: _____ Date: _____

Date of Birth: _____ Chron. Age _____ Male Female

Caregiver (if applicable) _____

Relationship of Caregiver to Client: _____

Email: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other Phone: _____

Address: _____

Other Contact Information:

Emergency Contact Name: _____

Phone (s): _____

Current Status:

Diagnostic Client

Speech/ Language Therapy Client

Aural Rehab Client

Waiting List for Speech/ Language Therapy

Schedule/Availability: _____



**SAN JOSÉ STATE
UNIVERSITY**

VIDEO CONSENT AND RELEASE FORM

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Consent is hereby granted to the Kay A. Armstead Center for Communication Disorders at San Jose State University, San Jose, California, to take video recordings for computer, television, sound and pictures (hereafter referred to as “video”) of _____
Singly or in a group for purposes set forth hereafter.

It is understood that said video is to be taken for the purpose of instructional telecasting, both open or closed circuit, or for the publication of educational materials by San Jose State University.

It is agreed that I shall not have any right, title, or interest in the video nor shall there arise or vest in me any cause of action for damages for injuries other than physical injury which may be proximately caused by negligence, and without contributory negligence on my and/or my child’s part, by virtue of the making of said videotape in the manner and for the purposes herein described.

All parties hereby agree to comply with the forgoing terms.

Name (print) Client Parent/Guardian Date

Signature

San Jose State University

Name of Witness (not clinician, print) Date

Signature of Witness



The California State University:
Chancellor’s Office
Bakersfield, Channel Islands, Chico, Dominguez Hills,
East Bay, Fresno, Fullerton, Humboldt, Long Beach,
Los Angeles, Maritime Academy, Monterey Bay,
Northridge, Pomona, Sacramento, San Bernardino,
San Diego, San Francisco, San José, San Luis Obispo,
San Marcos, Sonoma, Stanislaus



SAN JOSÉ STATE UNIVERSITY

Release of Information Form

Client Name: _____ Date of Birth: _____

Address: _____

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Communicative Disorders and Sciences

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Phone Numbers: Home _____ Mobile _____

Work _____ Other: _____

Email: _____

I hereby authorize the Kay A. Armstead Center for
Communication Disorder to communicate/share/release any and all
speech, language and hearing diagnostic/therapy information on
the above named individual to the person or agencies listed below.

Name: _____ Title: _____

Facility: _____

Address: _____

Phone: _____

Email: _____

Name: _____ Title: _____

Facility: _____

Address: _____

Phone: _____

Email: _____



The California State University:
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East Bay, Fresno, Fullerton, Humboldt, Long Beach,
Los Angeles, Maritime Academy, Monterey Bay,
Northridge, Pomona, Sacramento, San Bernardino,
San Diego, San Francisco, San José, San Luis Obispo,
San Marcos, Sonoma, Stanislaus

Signature

Relationship

Date



**SAN JOSÉ STATE
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Request for Information Form

Client Name: _____ Date of Birth: _____

Address: _____ SSN: _____

Phone Numbers: Home _____ Work _____

Email: _____

I hereby authorize the Kay A. Armstead Center for Communication Disorder to obtain any and all speech, language, and hearing diagnostic/therapy information on the above named individual from the person or agencies listed below.

Name: _____ Title: _____

Facility: _____

Address: _____

Name: _____ Title: _____

Facility: _____

Address: _____

Client Name (Please Print)

Date

Signature

Relationship

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San Marcos, Sonoma, Stanislaus



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MEDIA CONSENT FORM

From time to time photographs, videos, and/or audio clips may be taken of clients, students and faculty engaging in the CDS programs and activities. Kay Armstead Center for Communication Disorders and the Department of Communicative Disorders and Sciences at San Jose State University request the right to use all photos, videos, and/or audio clips taken of CDS clients, students, faculty, programs, and activities. These may be used for promotional brochures, promotions, or showcase of programs on our websites, showcase of activities in local newspapers, and other university related promotional activities.

By signing this form, I consent to allow Kay Armstead Center for Communication Disorders and the Department of Communicative Disorders and Sciences at San Jose State University to use photos, videos, and/or audio clips that they have of me participating in CDS clinics and/or programs.

By signing this form, I confirm that I understand and agree to the above request and conditions. I agree to give up my rights with regards to CDS photos, videos, and/or audio clips of me. I sign this form freely and without inducement.

No service of any kid will be lost or jeopardized if you choose not to sign this consent form.

My Contact Information

Name (print): _____

County: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email: _____

Signatures

Client Signature

Parent/Guardian Signature (If client is under 18 years of age)

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Communication Skills Class

Opt Out Form

For Sharing Contact Information

I have been informed of the curriculum of the Communication Skills Class in the Communicative Disorders and Sciences Department of San Jose State University, and am aware that at times, the clients participate in communication activities via email and phone. These activities are designed to enhance clients' communication skills in many modalities.

It is my/our desire to opt out of that portion of the program and hope to participate fully in the other class activities. I understand that this may limit the client's full participation in class activities and discussions.

Client Name: _____

Date of Birth: _____

Client Signature (if appropriate)

Date

Signature of Conservator (if appropriate)

Date