

Maryjane Rees Center: Speech and Language Clinic

First Day of Clinic

- Clients will be waiting for his/her Student Clinician in the waiting room. A client is not required to have a babysitter while the clinician interviews the parent if the client is 16 years or older, and the parent has given verbal consent.
 - Discuss with your clients appropriate means of communication.
 - Do not give them your personal phone numbers or personal email addresses.
 - Clients may call you at the clinic or leave messages at the front desk or contact you via your Sac State secure email account.
 - Student Clinicians may only contact clients via designated clinic phones. Do not use personal phones (cell, home, etc.)
 - Email communication with clients must only be via your Sac State secure email account.
 - Students must cc their Clinical Instructor's Sac State secure email account on all email communications with clients.
 - You are required to review with your client/client's parent or legal guardian/client's spouse the following forms EACH semester. All forms will be completed by the client on CounselEAR. Student clinicians should review these documents with the client/family the first day of clinic. A CLIENT FORMS CHECKLIST is available in the clinician's room.
 - REQUIRED FORMS
 - Notice of Privacy Practice
Only the signature page goes into the client file. The notice goes home with the client.
 - General Information
 - Client Agreement
 - Auxiliary Observation Room Policy Agreement
 - Client Emergency
NOTE: The Emergency Form is to be placed in a designated location at the clinic front desk. These forms will be collected and maintained at the front desk so that information can be quickly accessed if needed during clinic.
 - Center Permission
Permission for viewing (supervising) is required for clinic attendance.
 - Request for Information to be Sent
Permission to send the final report to the client and his/her designees.
 - AS NEEDED FORMS

- **Waiver of Responsibility**
This must be filled out for each authorized individual who will be bringing a child client to the clinic for therapy.
- **Consent to Exchange Information**
This form will allow you to exchange information by telephone with other professionals who work with your client.
- **Authorization to Request Information**
This form will allow you to receive medical or school reports having to do with your client.
- **Facility/School Visit Release**
This form gives you permission to visit a client's residential facility or classroom.
- **Food Agreement**
This form identifies any food your client may be allergic to and provides permission to use safe food with your client during therapy.