



CALIFORNIA STATE UNIVERSITY, EAST BAY

25800 Carlos Bee Boulevard, Hayward, California 94542-3065

College of Letters, Arts, and Social Sciences

Speech, Language and Hearing Clinic

Telephone: (510) 885-3241 Fax: (510) 885-2186 TTY: (510) 885-3537

Dear Prospective Client:

Thank you for your interest in the California State University, East Bay, Speech, Language and Hearing Clinic, located in the Music and Business Building, MB1099. We are enclosing the following information:

- An Application For Clinical Services
- Our Fee Schedule
- An Information Request Form(s)- (if applicable - so that we may obtain copies of necessary reports/documentation)

Please complete the application and the *Request For Information* form, indicating the appropriate agency, school, medical setting, private practice or individual that has provided services/therapy in the past. If you have been seen by other professionals concerning your speech, language, or hearing, we request that a copy of the most recent progress or therapy report be sent along with your completed application, so that we may provide you with the most comprehensive evaluation possible. Additionally, for those of you who are applying for services for your children, this form may be used as a means of obtaining a copy of the child's Individualized Family Service Plan (IFSP) or Individualized Educational Program (IEP). To expedite the process of acquiring information needed prior to the evaluation and to assist us in planning for your child's evaluation, we request that you enclose copies of any previous reports, evaluation results or IFSP's/IEP's you may have, along with the application. Once we have received **all** of this information, we will be able to schedule an appointment for an evaluation, at which time we will send you a campus map and the location, time and date of your appointment, along with the name of the graduate student, who will be conducting the assessment under the supervision of a CA licensed Speech Pathologist. Typically, once an evaluation has been completed, clients become eligible for therapy services the following quarter. Although we do not guarantee therapy, we are committed to serving as many clients as possible and to enroll clients as soon as possible.

Please feel free to contact us if you have any questions @ 510-885-3241.

Sincerely,

Shelley Simrin, M.A., CCC-SLP
Clinic Director
Dept. of Communicative Sciences and Disorders
Speech, Language and Hearing Clinic

Enclosures

For our location visit:

http://www.csuhayward.edu/about_csu/campuses_and_locations/hayward_map/

THE CALIFORNIA STATE UNIVERSITY

Bakersfield • Channel Islands • Chico • Dominguez Hills • Fresno • Fullerton • Hayward • Humboldt • Long Beach • Los Angeles • Maritime Academy
Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

WHO? We provide services to clients who represent all age groups from preschool children to senior citizens. All of our clients demonstrate a speech, language, or hearing problem. These problems include, but are not limited to, articulation or phonological problems, language delays or disorders, voice problems, hearing loss, auditory perceptual impairments, accent modification, dysfluency, aphasia, apraxia, and dysarthria.

Our clinicians are graduate and undergraduate students preparing for careers in speech-language pathology or audiology who have completed considerable coursework in communication processes and disorders. Students work under the direct supervision of California licensed Speech-Language Pathologists and Audiologists who also hold a Certificate of Clinical Competence from the American Speech-Language-Hearing Association.

WHAT? The Clinic provides speech, language and hearing screenings to several community programs. We conduct comprehensive speech, language and hearing evaluations through our diagnostic clinic. As part of our therapy services, an individualized home program is designed for each client, to assist in maintaining skills acquired during treatment sessions. We utilize a full range of up-to-date equipment and materials with our clients. Students and family members may observe most therapy sessions through modern observation facilities. We encourage family members to participate in therapy sessions when appropriate.

WHEN? Most clients are seen twice weekly for hourly sessions. Therapy is typically scheduled on a Monday/Wednesday or a Tuesday/Thursday at the same time on both days (i.e. Mon/Wed at 2:00pm, T/Th at 9am). It is arranged according to client preferences and availability of clinicians and supervisors. Since students earn academic credit for providing therapy, a minimum of 15 hours of therapy is **required** each quarter for each client. Diagnostic clinics are conducted weekly and days/times will vary quarterly. Clients are usually required to complete a diagnostic assessment at our clinic, prior to their eligibility for therapy. Typically, clients are evaluated one quarter and the following quarter are enrolled in therapy as appropriate, based on scheduling, availability, and diagnostic recommendations.

WHERE? The clinic is located in the Music/Business Building, room 1099 on the Cal State East Bay campus.

WHY? Speech-Language Pathology and Audiology services help prevent communication problems; identify communication problems, assist clients in achieving their maximum potential and increase family understanding, training and support.

HOW? Referrals are accepted from physicians, educators, allied health professionals and clients or their family members. An application is considered complete when pertinent medical, social, and educational records have been received in full. The client is then scheduled for a diagnostic evaluation as soon as an appointment is available. Unfortunately, there is often a wait before a diagnostic evaluation is scheduled. Results are discussed with the client and family and a report is sent to the referring physician or individual. *If* therapy is indicated, the client is advised regarding how to obtain appropriate services.

COST? A fee is charged for services; however, there is a sliding scale and no client will be denied service because of limited ability to pay. For further information or to initiate a referral, contact the clinic at (510) 885-3241. See our attachment, *Fee Schedule*, for details.

B. Has the client had any previous speech, language or hearing evaluations?

Yes _____ No _____ Not sure _____

If yes, give names of places seen, dates, and results:

Place	Date	Results
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Has the client ever had any speech or language therapy or aural rehabilitation?

Yes _____ No _____ Not sure _____

If yes, give the names of places he/she was treated and dates, including approximate number of sessions:

D. Why are you requesting evaluation or therapy at this time?

E. Please add any information you feel is important.
(e.g., pertinent medical history, with dates, pertinent educational, social history, etc.)

IV. Hearing/ Hearing Aid Concern (F-I):

F. Describe the client's problem. Be specific and give as much information as you can:

G. Has the client had any previous hearing evaluations or been diagnosed with hearing problems?

Yes ____ No ____ Not sure ____

If yes, give names of places seen, dates, and results:

Place	Date	Results
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H. Has the client had chronic ear infections or any chronic illnesses related to hearing or the ear?

Yes ____ No ____ Not sure ____

If yes, please describe (be specific):

I. Is there any family history of hearing loss and/or has the client experienced dizziness or vertigo and/or humming, buzzing, or ringing in the ears? Please describe (be specific):

CALIFORNIA STATE UNIVERSITY, EAST BAY
Department of Communicative Sciences and Disorders
Speech, Language and Hearing Clinic

FEE SCHEDULE (as of Spring 2010)

THERAPY FEES FOR ONE QUARTER (17-18 SESSIONS) PER CLIENT

Intensive Therapy (55 min. sessions) – 2/week (3/week in Summer Qtr.) **\$360/quarter**
Individual and small group (2 clients) services are charged at the same rate

Aphasia Treatment Program (ATP) – Mon./Wed. 10:30- 4:00 (Unavailable in Summer Qtr.)
• Full Program **\$500/quarter**
• Transitional Program **\$250/quarter**

Aphasia Communication Group or Book Club (2 Hours/Week) \$120/quarter/each group
(Fee waived for clients enrolled in Intensive Therapy or ATP Program)

EVALUATION FEES

Comprehensive Speech and/or Language Diagnostic Evaluation **\$300.00/2+ hr. session**

Comprehensive Cognitive/Linguistic Diagnostic Evaluation **\$300.00/2+ hr. session**

Speech & Language Screening (w/Clinic Director's approval) **\$100.00/.5-1 hr. session**

Hearing Screening **Variable dependent upon services**

CONSULTATION FEES

Special Services of Licensed & Certified Speech-Pathologists **\$125.00/hour**

FEE POLICIES

Fees are required at the time of the Evaluation and first Therapy sessions, however arrangements may be made to pay therapy fees over the quarter at the discretion of the Clinic Director.

Fee reductions of 20% are extremely limited and considered ONLY in the cases where financial hardship can be proved AND in conjunction with documentation of Social Security, unemployment, disability or other government benefits as only income sources.

We reserve the right to immediately cancel services for unpaid fees. If a client has a history of delays in payment for services, we may consider this in our scheduling decisions for services in the future.

**INDIVIDUALS OR ORGANIZATIONS WISHING TO MAKE DONATIONS TO THE
DEPARTMENT OF COMMUNICATIVE SCIENCES AND DISORDERS
ARE ENCOURAGED TO CONTACT THE CLINIC DIRECTOR
(510) 885-3241**

Authorization for Release of Information

I authorize Name: _____ Facility: _____

Street: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

to release to the Speech, Language and Hearing Clinic, Cal State East Bay
SPEECH-LANGUAGE-AUDIOLOGY records and information pertaining to

Name of client Date of Birth Medical Record Number

Address City State Zip Code Telephone Number

AUTHORIZATION - You must have legal authority to request information. If you are acting as a legal representative to another individual, you must describe the legal relationship to act for the individual.

DURATION - This authorization shall become effective immediately and remain in effect for one year from the date of signature, unless otherwise indicated below.

REVOCACTION - You may revoke this authorization, in writing, at any time. The written revocation will be effective upon receipt, but will not be effective to the extent that the person requesting information or others have acted in reliance upon this authorization.

REDISCLOSURE - You may not lawfully further use or disclose the health information to another unless another authorization is obtained or unless such disclosure is specifically required or permitted by law.

COPIES - You have a right to receive a copy of this release authorization form.

FEES - A fee of \$1.00 per page will be charged for each page in excess of ten.

USE OF INFORMATION: The information will be used for the following purposes:

Printed name of person signing release Signature Date

Legal Relationship to client

Expiration Date for Authorization
If left blank, this will be one year from the date signed.