

The University of Texas Rio Grande Valley
College of Health Affairs
Department of Communication Sciences and Disorders

ADULT CASE HISTORY
ENGLISH

Speech and Hearing Center
Forms and Policies

UTRGV SPEECH AND HEARING CENTER PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE INFORMATION CAREFULLY.

- Your confidential healthcare information may be disclosed to other healthcare providers for the purpose of providing you with a continuum of quality.
- Your confidential healthcare information may be disclosed to your insurance provider for the purpose of receiving payment for providing you with healthcare.
- Your confidential healthcare information may be disclosed to public officials or law enforcement agencies in an investigation in which you are victim of abuse, a crime or domestic violence.
- Your confidential healthcare information may be disclosed to other healthcare professionals in the case of a healthcare emergency.
- Your confidential healthcare information may be disclosed to public health organizations in the matter of communicable diseases, defective devices, or a food or medication reaction.
- Your confidential healthcare information cannot be disclosed for purposes other than those, which are outlined in this notice.
- Your confidential healthcare information may only be disclosed after receiving written authorization from you. You have the right to revoke your permission to disclose confidential healthcare information at any time.
- You may be contacted by the office personnel to remind you of appointments, healthcare treatment options or other health services that may be of interest to you.
- You have the right to restrict the use and disclosure of your confidential healthcare information to family members, friends, or others involved in your healthcare or payment for health care services. However, this office may choose to refuse your restriction if it is in conflict of providing you with quality healthcare or in the event of a medical emergency.
- You have the right to receive confidential communication about your healthcare status.
- You have the right to review and request a copy of any and/or all portions of your healthcare information.
- You have the right to request changes be made to your healthcare information.
- You have the right to know who has obtained your confidential healthcare information and for what reason.
- You have the right to have a copy of this Privacy Notice upon request.
- This office is required by law to protect the privacy of its patients.
- This office will abide by terms of this notice. We reserve the right to make changes to this notice and continue to maintain the confidentiality of all healthcare information.
- You have the right to complain to the Privacy Officer of this office and to the Secretary of Health and Human Services if you believe your rights to privacy have been violated. If you feel your privacy rights have been violated, please mail your complaint to: ATTN: Privacy Officer, UTRGV Speech and Hearing Center, University of Texas Rio Grande Valley, 1201 W. University Dr. Edinburg, Texas 78539-2999.
- All complaints will be investigated. No personal issue will be raised for filing complaint with this office.
- For further information about this Privacy Notice, please contact the Privacy Officer at (956) 665-3587.



The University of Texas Rio Grande Valley
Notice of Non-Discrimination

Title IX of the U.S. Department of Education’s Education Amendments of 1972 (“Title IX”) prohibits discrimination on the basis of sex/gender in any aspect of a federally funded education program or activity. Such discrimination includes, but is not limited to: sexual harassment, sexual violence, sex or gender-based bullying, hazing, stalking, domestic violence, dating violence, and failure to provide equal opportunity in admissions, activities, employment and/or athletics.

As a recipient of federal funds, The University of Texas Rio Grande Valley (UTRGV) complies with Title IX and has designated a Title IX Coordinator to oversee all complaints of sex discrimination. The Title IX Coordinator is responsible for identifying and addressing any patterns or systemic problems that arise during the review of such complaints. Additionally, other responsibilities include the coordination of training, education, and communications regarding Title IX procedures for the University community.

Title IX Deputies receive and process Title IX complaints; respond to inquiries from students, staff, and faculty regarding their rights and responsibilities; and assist the Title IX Coordinator in oversight and implementation of the Title IX compliance efforts.

UTRGV has designated the following individuals to serve as the Title IX Coordinator and Deputy Coordinators:

Role	Name	Position Title	Dept. Location	Contact Info
Title IX Coordinator:	Alicia G. Morley	Director, Office of Institutional Equity	Office of Legal Affairs SSBL 3.101 - Edinburg Campus	956-665-2103 alicia.morley@utrgv.edu
Deputy Coordinator: Students	Douglas Stoves	Associate Dean for Student Rights and Responsibilities	Student Rights and Responsibilities Cortez Hall #204 – Brownsville Campus	956- 882-7196 douglas.stoves@utrgv.edu
Assistant Deputy Coordinator: Students	David Marquez	Assistant Director for Student Rights and Responsibilities	Student Rights and Responsibilities Cortez Hall #211 – Brownsville Campus	956-882-5034 david.marquez@utrgv.edu
Deputy Coordinator: Athletics	Farrah Manthei	Associate Athletic Director for Administration/SWA	Athletics HPE1 1.102 - Edinburg Campus	956-665-2919 farrah.manthei@utrgv.edu
Deputy Coordinator: Staff & Faculty	Florence R. Nocar	Employee Relations Manager	Human Resources MASS 2.140 - Edinburg Campus	956-665-3020 florence.nocar@utrgv.edu

Students, Staff, Faculty, or Applicants for Admission or Employment who believe that he or she has been discriminated against on the basis of sex, may file a complaint with the Title IX Coordinator or a Deputy Coordinator. The Title IX Coordinator or Deputy Coordinator will assist the individual in identifying the appropriate University policy and corresponding grievance procedure to resolve the complaint in a prompt and equitable manner.

Sexual Violence

To file a complaint of sexual violence, please contact the Title IX Coordinator or a Deputy Coordinator listed in the table above, depending upon whom the complaint is against. In addition, you may also contact:

The University of Texas Rio Grande Valley Police Department
Non-Emergency: (956) 665-7151 or (956) 882-8232

Emergency: 911
Online: www.utrgv.edu/reportit

Inquiries

Inquiries about Title IX and UTRGV’s compliance may also be directed to:

Office of Civil Rights – U.S. Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202
Hotline: (800) 421-3481
TDD#: (800) 521-2172
Email: OCR@ed.gov
Web: <http://www.ed.gov/ocr>

In Case of an Emergency

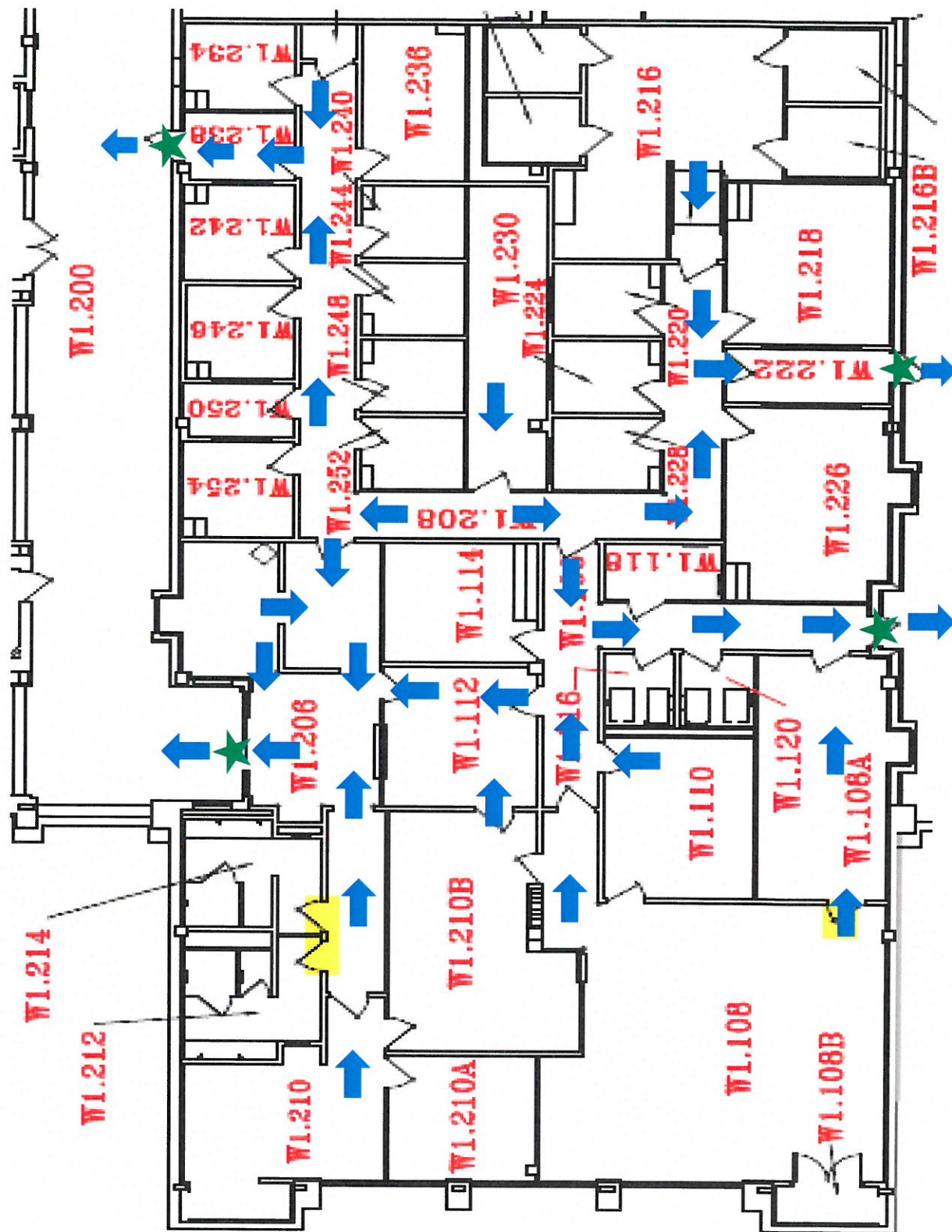
Campus Contacts

- University Police • (956) 665-7151
- Emergency Information Updates • (956) 665-SAFE(7233)
- Environmental Health, Safety & Risk Management • (956) 665-3690
- Dean of Students Office • (956) 665-2260
- Health Services • (956) 665-2511
- Residence Life • (956) 665-3439

In Case of Fire Drill or Actual Fire

- A fire drill is a method of practicing the evacuation of a building for a fire or other emergency. If this situation were to occur, the entire occupants of Health Sciences West and East have to vacate the building during the fire or fire drill. Evacuation assistants of HS West and East are familiar with the procedure during the fire/fire drill.

UTRGV SPEECH & HEARING CENTER EVACUATION PLAN



Exits are marked by the

All vehicles parked on campus must be registered with the UTRGV Police Department and must properly display an appropriate permit.

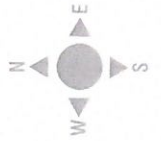
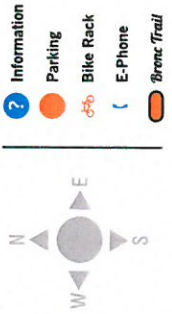
ACSB - Academic Services	EMLH - Emilia Schunior Ramirez Hall	MASS - Mariatice Shary Shivers Building	SCNE - Science
ASFC - Academic Support Facility	ENGR - Engineering	MAGC - Mathematics & General Classrooms	SBSC - Social & Behavioral Sciences
ARHU - Arts & Humanities	HPE1 - Health & Physical Education I	COXT - Orville Cox Tennis Center	SWOT - Social Work & Occupational Therapy
STAD - Baseball Stadium	HPE2 - Health & Physical Education II	PACA - Performing Arts Complex	UTPA - UTPA Soccer Field
BNSB - Behavioral Neurosciences	HSHE - Health Sciences & Human Svcs East	PACB - Performing Arts Complex B	SOUH - Southwick Hall
BDIN - Bronc Dining Hall	HSHW - Health Sciences & Human Svcs West	PHYS - Physical Science	STMB - South Texas Medical Academic Building
BRVI - Bronc Village	Auditorium	PLAN - Planetary Science	STAC - Student Academic Center
BUSA - Business Administration	Heritage Hall	POBL - Portable Building 1	SSBL - Student Services Building
CULP - Central Utility Plant	HRBL - Auditors / OCISO	POB2 - Portable Building 2	STUN - Student Union
CHAP - Chapel	IMFD - Intramural Fields	POB3 - Portable Building 3	THER - Thermal Storage Tank
CCDC - Child Development Center	ITTB - International Trade & Technology/ITT	ROTC	TRAK - Track & Soccer Field
CCTR - Computer Center	LAMR - E - Temp Music Bldg	POB4 - Portable Building 4	UNITY - Unity Hall
TROX - Darrel Troxel Hall	LEAC - Learning Assistance Center	RAHC - Regional Academic Health Center	UCTR - University Center
DEHS - Dept. of Environmental Health & Safety	LIBR - Library	REIN - Research & Innovation	SSVC - Visitors Center
EDUC - Education Complex	Bookstore	CRMF - Rio Grande Center for Manufacturing	WRSC - Wellness & Recreational Sports Complex



UTB parking permits are valid in the following ZONES:
 Student - Zone 1 & Zone 2 (Zone 3 after 7pm)
 Faculty/Staff - Zone 1, Zone 2 & Zone 3



- Off Campus Facilities:**
- Alumni Center - Edinburg
 - Brownsville Campus
 - Coastal Studies Lab - South Padre Island
 - Community Engagement & Student Success Bldg.
 - McAllen Teaching Site
 - Regional Academic Health Center - Harlingen
 - Starr County Campus - Rio Grande City
 - Visual Arts Building
 - University Financial Services



CAMPUS ENTRANCE

THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY
Communication Sciences and Disorders - Speech and Hearing Center
Speech/Language Case History: ADULT

Today's Date: _____

Home Language Use:

1. First language learned. _____
2. Language most frequently used at home. _____
3. Language most frequently used by other family members. _____

Name: _____ Birth Date: _____ Age _____

Home Address: _____
Street City/State Zip Phone Number

Name (relationship) of person filling out this form: _____

I. IDENTIFYING INFORMATION:

Employment History-Place	Date	Position	From-To
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Physicians Name	Address
_____	_____
Phone Number: _____	_____
_____	_____
Phone Number: _____	_____
_____	_____
Phone Number: _____	_____

Who referred you to UTPA Speech and Hearing Center? _____

Education History:

	School	Location	Highest Grade Completed or Degree	Date
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Marital Status: _____ Spouse: _____ Age: _____

Children: _____

Name: _____ Age: _____ Name: _____ Age: _____

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other persons living at home and relation to family: _____

II. MEDICAL HISTORY:

	Yes	No
Allergies (food/medication)		
Sinus Infection		
Anemia		
Asthma		
Broken Nose		
Bronchitis		
Chronic Colds		
Chronic Laryngitis		
Cleft Palate		
Diabetes		
Diphtheria		
Ear Disease		
Hearing Problem		
Hearing Aid		
Emotional Difficulty		
Psychological Counseling		
Pneumatic Fever		
Tremor/Twitching		
Visual Problems		
Glasses		
Poor Dentition		
Smoke/Tobacco Use		
How much per day?		

	Yes	No
Glandular Imbalance		
Hyperthyroidism		
Hypothyroidism		
Hormone therapy		
Heart Trouble		
Numbness		
Paralysis/paresis		
Incoordination of face or tongue muscles		
Influenza		
Mouth-Breathing		
Mumps		
Pneumonia		
Physical Defect		
Poliomyelitis		
Scarlet Fever		
Syphilis		
Typhoid Fever		
Ulcers		
Whooping Cough		
Alcohol Use		
How much per day?		

Other:

If the answer to any of the above items is "yes", give the relevant details (e.g., how frequent/severe are these episodes):

List periods of Hospitalization or medical treatment:

	<u>Hospital/City/State</u>	<u>Date</u>	<u>Reason</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

List Surgical Procedures:

List prescription and nonprescription medication used over the past year.

III. COMMUNITY HISTORY:

Please describe in your own words the nature of your communication problem:

What do you think caused the problem? _____

When did you first notice its presence? _____

How long has the present problem existed? _____

Has the problem changed at any time? _____

Have any family members of your family had hearing problems? _____

Has your communication problem affected your social life? _____

Has your communication problem affected your occupation? _____

Describe the reaction of people (friends & family), to your communication problem.

Do you avoid any communication situations? _____ Explain: _____

List your interests (clubs, hobbies, organizations, etc.):

What have you tried to do to correct you communication problem?

Have you ever received previous speech or hearing services? _____ Explain: _____

Other therapy? _____ Yes, describe: _____

List any additional source of information which may be useful to us in assisting with your problems.

AUTHORIZATION TO RECEIVE SERVICES

I hereby authorize the University of Texas Rio Grande Valley Speech and Hearing Center to provide any speech/language/hearing evaluations and/or speech-language therapy services deemed necessary to

Client's Name Date of Birth

I understand that all evaluations and therapy services will be provided by the University of Texas Rio Grande Valley Communication Sciences and Disorders students, who will be supervised by certified and state licensed faculty/clinical supervisors.

I also understand that _____ will be observed by students enrolled in Communications Disorders courses.

Client's Name

Signature of Client/Guardian Date

THIS AUTHORIZATION IS VALID UNTIL REVOKED IN WRITING.

Signature of Legal Guardian: _____ Date: _____

Relationship to Client: _____

Client: _____ Date: _____
(if of legal age)

Witness: _____ Date: _____

Print Name: _____

Guidelines Policy

We are pleased that you have chosen the University of Texas Rio Grande Valley Speech and Hearing Center to address your communication needs. We hope that you feel comfortable here and that you will let us know if there is anything we can do to serve you.

Since the Speech and Hearing Center provides services to many different people from the university as well as the community at large, we request that the following guidelines be observed and followed:

1. Please check in with clinical staff immediately upon arrival.
2. Service fees will be due at the time of your scheduled appointment. Clients with a balance cannot be seen until payment is made in full.
3. If there is a change in address or telephone number(s), please notify the Clinic Secretary to update your information.
4. All diagnostic and therapy sessions will be video recorded. These recordings will be used by faculty and clinical supervisors in the Communication Sciences and Disorders Program for instructional/education purposes **ONLY**.
5. Respect the confidentiality rights of others. If using the observation corridor, observe only your family member. Headsets are provided for your convenience.
6. A waiting room is provided in which parents and siblings may wait while clients are in therapy. Parents are asked to keep their children under their personal supervision in the waiting room. Children are **NOT ALLOWED** in the observation rooms.
7. Cell phone use is permitted in the waiting room but is **NOT ALLOWED** beyond the waiting room.
8. Please do not eat or drink in the Speech and Hearing Center's waiting area or in the observation hallway. Please keep area clean for other clients. Your cooperation is greatly appreciated.
9. **For your child's protection, please remain in the Speech and Hearing Center until the session is completed. In the event that there is an emergency involving your child, a parent/guardian must be immediately available. Failure to remain in the clinic could result with discharging the client.**

We greatly appreciate your understanding and cooperation with this policy. If you have any questions, please ask.

My signature below indicates that I have read and understand the above stated policy.

Client/Parent/Legal Guardian Signature

Date

Speech & Hearing Center

HSBW 1.206
1201 West University Drive
Edinburg, Texas 78539-2999
(956) 665-3587

utrgv.edu

Rev. 9/2015

No Call / No Show Policy

Your appointment is important to us and to your health. If you miss an appointment, you will be delaying treatment and will possibly wait longer for your next appointment date. In order to provide you with outstanding service, your cooperation is required.

If you must change your appointment, it is your responsibility to contact the Speech and Hearing Center (956-665-3587) at least 24 hours in advance. **If the Speech and Hearing Center does not receive a cancellation call, services will still be billed regardless of whether services were actually rendered.**

Policy

1. If you do not call and cancel your appointment, services will still be charged and will be due at the time of the next scheduled appointment.
2. Charges must be paid before you or your child can be seen again.
3. If you fail to keep an appointment without notifying the Speech and Hearing Center in advance on two (2) occasions, consecutive or otherwise, you or your child will be removed from the schedule and your appointment will be offered to another client.
4. **If you are more than 15 minutes late, you will not be seen.**

Please call and cancel to avoid additional fees and/or being dropped from services. We greatly appreciate your understanding and cooperation with this policy. If you have any questions, please ask.

My signature below indicates that I have read and understand the above stated policy.

Client/Parent/Legal Guardian Signature

Date

Voluntary Questionnaire Related to Veteran Status

Please read each statement below and check the appropriate box.

Your response to this questionnaire below is totally voluntary. Any information you provide will be kept confidential and the disclosure or refusal to provide this information will not subject you to any adverse action. If you have any concerns or questions about responding to the questionnaire, please call Rebecca De La Garza at (956) 665-5369.

1. Is *the client* a veteran of the U. S. Armed Forces?

[You are a veteran if you: {1} have engaged in active duty for a period of more than 180 days (including basic training) in the U. S. Armed Forces (Army, Navy, Air Force, Marines, or Coast Guard) or are a National Guard or Reserve enlistee who was called to active duty for other than state or training purposes, or were a cadet or midshipman at one of the service academies, and {2} were released under a condition other than dishonorable.]

Yes

No

2. Is *the client* the spouse/surviving spouse, dependent child or orphan of a veteran?

Yes

No

Client Name

Client/Parent/Legal Guardian Signature

Date