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Definitions
1. Administrative Staff – Clinic Manager, Practicum and Contracts Coordinator, and Office Assistants in reception.
2. Clinicians – students and other interns who maintain a client caseload and provide services within the clinic
3. Clinic Leadership Team – Clinic Directors of each program, designated supervisors, and clinic administrative staff who determine clinic policies, structure, and use, and review any conflicts in these areas
4. Clinic Staff – all supervisors, administrative staff, and clinicians who conduct work or service activities in the clinic
5. Clinic Visitors – authorized visitors such as undergraduate interns/observers, accreditation site reviewers, non-clinical COE faculty/ staff, or service/maintenance personnel
6. Family and Caregiver Observers – family members or caregivers who are observing a child’s or dependent adult’s session in designated observation room
7. Program – graduate program or departmental unit overseeing a member clinic - Center for Teaching and Learning (CTL), Communication Disorders and Sciences (CDS) graduate program, Counseling Psychology (CPSY) graduate program, Couples and Family Therapy (CFT) graduate program, and School Psychology (SPSY) graduate program.
8. Supervisors – faculty and adjuncts who provide supervision to clinicians

Clinic Structure
The HEDCO Clinic is a multidisciplinary community clinic providing counseling for individuals, couples, and families, reading assistance for children in preK through 8th grade, and speech, language, and hearing services for all ages. The Clinic consists of several smaller clinics:

- **Center for Family Therapy (CFT Clinic)** – Clinic Director: Tiffany Brown Ph.D., LMFT
  The CFT Clinic is a training clinic for graduate students in the Couples and Family Therapy master’s program and the Counseling Psychology doctoral program. The CFT Clinic provides individual, couples, and family counseling.

- **Speech-Language-Hearing Center (SLHC)** – Clinic Director: Margit Mayr-McGaughey, Ph.D., CCC-SLP
  The SLHC is a training clinic for graduate students in Communications Disorders and Sciences. The clinic provides speech, language, and audiology services.

- **Center for Teaching and Learning (CTL) Reading Clinic** – Clinic Director: Carrie Thomas Beck, Ph.D.
  The CTL Reading Clinic is a service clinic providing reading tutoring to children. The CTL Reading Clinic is staffed by graduate and undergraduate students from Educational Studies, Special Education, Educational Leadership, School Psychology, Communications Disorders and Sciences, Early Intervention, Counseling Psychology, and other related programs.
Service Overview

- **Center for Family Therapy** – Individual, couples, and family therapy services. Accepts most clients with presenting issues that would benefit from therapy (high-risk intakes such as suicidal/homicidal ideation, domestic violence, etc. are evaluated before acceptance). Operates on a sliding scale (does not accept insurance or provide free therapy). Is not a crisis clinic; however, the clinic will accept clients in crisis for regular services (these clients are also referred to White Bird for crisis needs). Clinicians do not provide forensic testimony or provide services for the purposes of court testimony. Conducts Healthy Nests service for new parents. Conducts annual Relationship Check-up, offering free one-hour counseling sessions in an annual one-day event.

- **Speech-Language-Hearing Center** – Intervention and evaluation services to children and adults with communication and cognitive disorders. The clinic serves clients across the lifespan. Conducts groups for clients with aphasia and for children with new cochlear implants. Flat fees for services with sliding scale for those who qualify.

- **Reading Clinic** - Reading tutoring services. Serves children in pre-K through eighth grade. Summer programs also available.

**Introduction - HEDCO Clinic Policies and Orientation**

The policies of the HEDCO clinic apply to all clinic staff and authorized clinic visitors. Clinical policy manuals of each program should be aligned to meet the minimum standards set forth in the HEDCO policies. Conflicts in policy should be brought to the attention of the Clinic Manager or appropriate Clinic Director for resolution by the clinic policy team. The Clinic Manager and administrative staff will conduct clinic orientations for each program to familiarize new clinic staff with HEDCO clinic policies and procedures. Clinic Directors are responsible for arranging that clinicians receive the appropriate training before using the clinic facilities (e.g., must coordinate with Clinic Manager, inform Clinic Manager in advance of need).

**Access**

1. **Hours of Operation**
   
   a. The clinic is open for services Monday through Thursday, 9:00 a.m. to 8:00 p.m., and Friday 9:00 a.m. to 7:00 p.m. (doors will open at 8:30 a.m. and close after the last session of the day has begun). No clinical services may be conducted outside of these hours, including on weekends without management’s permission. The clinic is available to clinicians afterhours and on weekends for clinic related homework only. No visitors or family members may be brought into the clinic during closures (regular visitor policy applies). Clinicians are responsible for ensuring doors and file cabinets are locked and windows are closed when they leave. Non-clinic work must be done outside the clinic. Weekend use is not for returning client phone calls, as there is no supervisor on-call. The clinic is not available for student use during breaks. Clinic maintenance and equipment updates are scheduled during these times.
b. The clinic is closed for all University holidays (New Year’s Day, Martin Luther King, Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and day after Thanksgiving, Christmas Eve, and Christmas)

c. The clinic will be closed between terms on the following schedule (2012-13):
   - Spring/Summer interim (6/18/12 – 6/22/12) – one week closure
   - Summer/Fall interim (8/27/12 – 9/3/12) – one week closure, plus Labor Day
   - Winter Break (12/17/12 – 1/1/13) – two week closure, plus New Year’s Day
   - Spring Break (3/25/12 – 3/29/12) – one week closure

2. Proximity Cards
   a. The clinic is equipped with proximity card access on entry doors and interior entrances to sensitive areas.
   b. Clinic staff may have privileges added to UO ID cards which will enable access to locked clinic entrances. ID cards must be kept at all times for entrance into locked areas. See Clinic Manager for card activation.
   c. If you misplace your prox card, contact clinic management immediately to deactivate your card. If the clinic is closed, you may call Public Safety directly (non-emergency number 541-346-2919) to deactivate the missing card. Once you have replaced your prox card at the UO Card office, bring it to the clinic manager to request access activation.

3. ID Badges
   a. For the purposes of identifying clinic staff from clients or other visitors, all clinic staff is required to wear a photo badge while working in the clinic.
   b. Programs are responsible for obtaining photo ID badges for all students and clinical faculty. COE-UO badges are one option. The HEDCO clinic also has its own badge design that can be ordered at a program’s expense.
   c. Temporary ID badges are issued to authorized clinic visitors (undergraduate interns, service personnel, etc.) so they may be easily identifiable to other clinic staff.
   d. Programs should supply a photo sheet of current student clinicians to the Clinic Manager, so clinic staff can become familiar with who has access to the clinic.

Client Records - Client Files, Videos, and Databases
1. Open Client Files
   a. Client files are stored in lockable cabinets in the locked central records room (room 175).
   b. File cabinets are unlocked at the beginning and locked at the end of each business day. Clinicians and supervisors may access the file room by passcode lock. Keys are maintained by administrative staff and are accessible for afterhour’s access, if needed.
   c. Client files may only be accessed by clinicians or supervisors in the corresponding program.
   d. Once removed from the file cabinet, client files are the responsibility of the clinic staff member who has checked them out. Files must not be left unattended. After use, the staff member must return the case file to the correct location in the filing cabinet.
e. Client files may not leave the clinic premises unless a program expressly permits it. For those programs that allow transport of files for supervision purposes, a protocol for secure transport must be established (e.g., use of locked bags, limited destinations and use) and communicated to the Clinic Manager for appropriate implementation.

2. Archived Client Files
   a. Upon cessation of services, Client files should be placed in the closed/inactive file section in the appropriate program filing cabinet. Files are processed by administrative staff and filed in internal archives area for each program. Inactive files (those that never received services) should be placed in the appropriate program folder within the closed/inactive file drawer for the appropriate program.
   b. Closed files are stored in internal archives in the program file cabinet for up to two years or as space allows. Archived files may be signed out by current clinicians with permission of Clinic Director or supervisor.
   c. Some older files have been sent to UO archives where they are held as indicated by appropriate program-specific retention schedule, and are destroyed upon completion of this retention period.
   d. UO archived files may be retrieved at the request of a Clinic Director, supervisor, or clinician with supervisor approval. Requests should be made through the Clinic Manager. Receipt of files may take up to two weeks.

3. Video Recordings
   a. Video recordings of client sessions are stored on an internal video server accessible by clinic staff log-in. Each program has a limited amount of file storage on the server.
   b. Video recordings must be routinely deleted to maintain server functionality. Recordings needed for long-term storage must be recorded to DVD or other storage device. Clinic staff will be notified before recordings are erased.
   c. Recordings may not be copied to portable devices (DVDs, flash drives, etc.) or leave the clinic premises unless a program expressly permits it. For those programs that allow the copying and transport of recorded material for supervision or other purposes, a protocol for recording and secure transport must be established (e.g., use of locked bags, limited destinations and use) and communicated to the Clinic Manager for appropriate implementation.
   d. Copies of recordings for the purpose of case presentations, training, or other program-sanctioned use may be obtained if allowed by program. All copies are the responsibility of the clinic staff making the copy and must be transported and stored in a secure manner. All clinician copies of video must be turned in to supervisor prior to completion of clinic internship or graduation from program.

4. Databases
   a. Program databases used to track client information and generate reports are supported by administrative staff.
b. Requests for development of new databases or changes to existing systems should be directed to the Clinic Manager. Any necessary outside consultants or programmers are at the expense of the program requesting the service.

c. Requests for reports should be made to the Clinic Manager with sufficient notice for completion.

Common Areas
1. Kitchenette
   a. General Area
      • Cupboards are used to store shared clinic supplies such as paper towels, spray cleaner, sponges. Cupboard space does not allow for storage of personal food items.
      • Sink must be emptied and cleaned out after use. Dishes or other items must be put away promptly and should not be left to soak or left on counter to dry.
      • Counters should be wiped clean after use.

   b. Microwave
      • Each user is responsible for wiping up any messes left by food preparation.
      • Cover all food items to avoid splattering in the microwave.
      • The microwave should not be left unattended when in use.

   c. Refrigerator
      • The refrigerator is for temporary, same-day storage of meals and beverages and it should be empty at the end of each day. All items should be labeled with names for easy identification.
      • Long term storage of any food is not allowed. Any food items that are left long term and spoil will be thrown out with no prior notice.
      • The refrigerator will be cleaned once per term.

2. Student Work Area – Room 184
   a. The student workroom is for clinicians to use for clinic related work only. Other homework should be completed outside of the clinic. Printers and copiers are for necessary client related documents and are not to be used for non-clinic tasks.
   b. A limited number of computers are available for use to write clinic related notes and reports. To protect confidentiality, all computers have Deep Freeze installed and will not save your work or links.
   c. Two laptops are on the closed network and are available to view sessions.
   d. Report any printer or computer issues promptly to clinic management; include the date, time and location of the occurrence. Also put a note on the equipment that isn’t working with the date and problem.
   e. File drawers and other storage areas in the student room are not for storage of personal items. Contact the clinic manager prior to adding any additional furniture, equipment or materials to the student workroom.
   f. Students are responsible for cleaning up after themselves. Please wipe tables to remove spills and crumbs. Cleaning supplies are available in the cupboards over the kitchen sink. Keep office supplies orderly.
3. Restrooms
   a. The clinic has two wheelchair-accessible single-user restrooms. The first restroom is located near the reception desk and is accessible from the waiting room. The second restroom is located in the central hallway near the small observation rooms.
   b. The Clinic Manager or other administrative staff person should be informed of any disrepair, low-supplies, or plumbing issues so that maintenance assistance may be requested from the building manager.

4. Waiting Area
   a. The waiting area is intended for the use of clinic clients and their family members or caregivers.
   b. To protect client privacy, clinic staff should not invite family, friends, or other non-clients to sit in waiting room. All non-clients who are not on clinic business will be asked to leave.
   c. Children under the age of twelve should not be left alone in the waiting area without adult supervision. The reception and administrative staff are not able to provide adequate supervision. Handicapped access door buttons may not be used as toys.
   d. Food may not be eaten in the waiting area.
   e. Cell phones must be set to mute/vibrate inside the clinic. Please make/receive calls outside of the clinic area.
   f. Electronic games & videos may be played in the waiting area if muted or used with headphones.

Communications
1. Mail
   a. Incoming Mail: Clinic staff will be assigned an individual or shared mailbox to be located in the locked records room. Mail is distributed daily into mailboxes by administrative staff.
   b. Outgoing USPS Mail: Clinic staff should place sealed and addressed clinic-related mail (no personal mail) in the appropriate program outgoing USPS mailbox in the records room. Postage will be charged to appropriate program. Mail will be picked up daily as scheduled by UO Mail Services.
   c. Outgoing Campus Mail: Clinic staff should place sealed mail in the campus mailbox in the records room. Envelopes should be addressed with a full name, department, building address, and room number.

2. Telephones
   a. The main clinic telephone number is (541) 346-0923.
   b. Graduate Student Rooms (184 and 270):
      • Telephones in these rooms act as primary lines for clinicians to communicate with clients for scheduling purposes or follow up. Please follow phone instructions carefully to ensure clinic telephone numbers are not inadvertently released.
      • To place a local call:
         1. Dial #71 to block the telephone number
2. Dial 9 to get an outside line
3. Dial the area code and telephone number

- To place a campus call:
  1. Dial the five-digit campus number (6-XXXX)

c. Therapy Room Telephones
- Select rooms have telephones. These telephones are for supervisor/clinician contact during sessions.
- These telephones should be used as a last resort for contacting clients. All calls placed from these telephones must be blocked (#71, 9, telephone number) to prevent recipients from obtaining telephone numbers, which may result in calls being received while therapy is in session.

d. Long Distance Calls
- Each program will be assigned a long distance code so that charges may be applied to appropriate program. Please see the Clinic Manager for the long distance code.
- To place a long distance call:
  1. Dial #71, 9, 1, area code and telephone number
  2. Confirmation tone will ring (three beeps)
  3. Enter long distance code

3. Email
   a. Clinic staff will utilize email as primary mode of sharing updates to clinic policy and procedure to all clinic staff. Clinic staff should check their University email daily, Monday –Friday or before any scheduled work at the clinic.

Confidentiality
1. General Requirements for Clinic Staff and Authorized Visitors:
   a. The clinic will follow all applicable federal and state laws relating to the protection of client personal and health related information (e.g., HIPAA and FERPA), including maintaining appropriate physical, electronic, and procedural safeguards.
   b. Clinic staff should treat all client information as confidential
      - Client-specific information is not to be shared or discussed with anyone outside the clinic including friends, spouses, or non-clinical university staff (see release of information policy).
      - Conversations about clients should take place behind closed doors and not in hallways, waiting areas, or other open areas of clinic.
      - Clients should be referred to by initials or designated client codes and not by name in email correspondence, on voicemail messages, or in non-private conversation within the clinic. Discussion of other personal details that could identify the client (e.g., physical description, telephone number) should also be avoided in these circumstances.
      - Client files and other client documents should reviewed only in designated clinic work areas, should never be left unattended, and should filed immediately after use (see case file policy).
      - All telephone messages or other documents containing client information that are not part of the official client record should be disposed of promptly and in an appropriate confidential manner as
designated by program (e.g., locked confidential shredding bin or cross-cut shredder).

c. Authorized visitors (such as undergraduate observers) need to read and sign the visitor confidentiality policy before being allowed entrance into the clinic interior during operating hours. Record of receipt of this document will be kept on file by Clinic Manager. Visitors will not have access to clients records unless under the direct supervision of a Clinic Director, supervisor, or designated staff.

d. Service/maintenance personnel will be scheduled during non-business hours whenever possible, or during low-volume hours under the supervision of clinic staff.

e. Tours or gatherings in clinic facilities for family, friends, non-clinical COE/University staff, or other guests will take place only on pre-arranged days (e.g., graduation day) or by appointment, when the clinic is closed for services, and only with the authorization of the Clinic Manager in consultation with Clinic Directors.

f. Family and friends of clinic staff are not authorized to be in the clinic with the exception of graduation day or other pre-arranged days as mentioned in section “e” above.

g. Violations of confidentiality policies will be reported to appropriate supervisor or Clinic Director for disciplinary action.

2. HEDCO Confidentiality Policy Statement
   A general confidentiality statement form is provided for all clients upon commencement of services within the HEDCO clinic. This document informs clients of the following:
   a. Services are conducted by students
   b. HIPAA and FERPA regulations
   c. The multidisciplinary structure of the clinic and how it may increase the likelihood that clients may encounter someone they know
   d. General clinic-wide information (e.g., payment policies, how to cancel an appointment)

3. Program-specific Consent and Assent Forms
   All programs will provide a consent form that addresses individual program requirements. This document should be reviewed on or before the first appointment.

4. Data Gathering
   Programs will develop and maintain clinic-specific data gathering documents (e.g., surveys, symptom checklists, etc.).

5. Observation and Supervision Teams
   Small observation rooms are prioritized for student observers and supervisors to allow cases to be discussed privately.

6. Observation Stations in Student Room
   The student room is configured with the following precautions:
   a. Video monitors will not be visible from room entrance or from outside windows
   b. Privacy screens will be used so monitors cannot be viewed from the side
c. Headphones are used at all times unless the room has been reserved by a program for private viewing

**Emergency Situations**

1. Emergency Contacts and UO Policy
   a. For police, fire, or emergency assistance, from a campus phone dial 6-6666 (Department of Public Safety) or (9)911. From a cell phone or off campus, dial 541-346-6666 for DPS.
      - UO Emergency Management recommends to contact the following for emergencies:
        1. If someone is physically injured and requires medical assistance – call (9)911 for emergency response. DPS can be called after if you need further assistance.
        2. If there is imminent danger, first call (9)911 and then DPS (sometimes DPS can reach the clinic more quickly).
        3. If a threat is not imminent and you need to consult with a DPS officer, call 6-5444 (non-emergency number) – off-campus dial 541-346-5444.
      - Posted at the front desk, administrative office, and student room (184) are the UO emergency procedure guides for reference in an emergency. For more information on UO Emergency Management policies including preferred responses to a variety of emergency situations, visit [http://emc.uoregon.edu/content/emergency-procedures-university-oregon](http://emc.uoregon.edu/content/emergency-procedures-university-oregon).
   b. For building related emergencies, if the Clinic Manager is unavailable, you may call the Education Complex Facilities Manager, Russ Crummett, at 6-1774 or UO Facilities Services 6-2319.
   c. For assault prevention shuttle service, call 6-7433.
   d. Emergency contact numbers for supervisors and Clinic Directors will be posted in staff work areas.

2. General Precautions
   a. Protocols to ensure clinicians are adequately supervised are established by individual programs. For reasons of safety, under no circumstances should programs allow clinicians to conduct services alone in the clinic (at a minimum, a supervisor or administrative staff person must be present in the clinic).
   b. Programs should ensure that client emergency contact information is up to date.
   c. Programs should supply a copy of clinic staff emergency contact information to the Clinic Manager.
   d. An evacuation plan is posted to ensure that all clinic staff is familiar with the evacuation routes. An evacuation drill will be conducted annually.
   e. First aid supplies and bloodbourne pathogen kits are stored in the front office and the supply drawer in kitchenette.
   f. All significant injuries or accidents (including near misses) should be reported to the Clinic Manager so that a safety assessment may be made in consultation with Clinic Directors.
3. Service-related Emergencies and Clinic-wide Response
   a. In case of emergencies during sessions (e.g., a suicidal client or injury), at least one supervisor for each program should be available to clinicians at all times during which services are conducted. On-call supervision can be utilized to achieve this coverage. Supervision contact information and on-call schedules are posted in clinician and staff work areas.
   b. During an emergency, the clinician or supervisor should inform the reception staff of the situation in order to facilitate communication, or to direct emergency responders to the appropriate room. The Clinic Manager should be informed of the incident so that administrative staff may be debriefed and effectiveness of policies can be assessed.
   c. In the event of a dangerous situation necessitating either a lock-down of the clinic or evacuation, clinic staff present within the clinic will be notified by a pre-determined signal and instructions for how to proceed. This policy is under development in collaboration with UO Emergency Management and will be distributed in full to clinic staff upon completion.

4. Fire or Natural Disaster
   a. Clinic staff must be familiar with the evacuation procedures in case of fire. Evacuation routes are posted in the clinic showing primary and secondary exits and place to meet in the event of a fire (directly south of clinic in parking lot 19 between the HEDCO Building and the Clinical Services Building). An evacuation drill will take place annually.
   b. In the event of a natural disaster (an earthquake or severe weather events), it may be necessary to evacuate the building to a location some distance from the HEDCO building. Other causes, such as an environmental hazard might also require an evacuation. In such circumstances, clients and clinic staff will be evacuated to the field between the COE complex and the Knight Library. The receptionist on duty will print a schedule of the day’s appointments and clinic staff roster in cases of emergency, in order to have reference list for a head count of clients.

5. Inclement Weather
   a. The clinic will follow the 4-J schools regarding closures due to snow, ice, and other inclement weather.
   b. Clinic staff will be notified by email of the clinic closure.
   c. Clinic voicemail will be changed to reflect the clinic closure.
   d. Clinicians will inform their clients of this policy and handouts are available at the front desk.

Forms, Supplies, and Resources
1. Client File Forms
   a. Client file forms are stored by program in the literature sorters in the copy alcove near the reception area.
   b. Reception staff will maintain adequate copies.
2. Office Supplies
   a. The clinic will maintain a supply of common office supplies needed to conduct clinical activities and office functions, such as pens, pencils, paper, notepads, file-making supplies, self-stick notes, staples, paper clips, etc. The expense for these items will be shared by the clinics.
   b. Office supplies for general use are stored in the student room, copy alcove, and general supply closet.
   c. Use of supplies is limited to clinic work and office functions. Supplies and other resources (such as copier and printer toner) are not to be used for class assignments or personal projects.

3. Assessments, Curriculum, Interventions, and Protocols
   a. Materials are stored by program in storage cabinets in the back lobby area and other storage areas throughout the clinic, including in-room storage.
   b. Materials requiring check-out must be reserved using the reservation/sign-out form located in each storage room/closet.
   c. A separate means of check-out is maintained for materials check-out to non-clinic students and staff.
   d. Inventory is monitored regularly by administrative staff.

4. Art Supplies, Games, Toys
   a. Art supplies are stored in each therapy room for general use.
   b. Games, toys, and books are stored by program in the hallway storage closets. Items should be labeled with program for purposes of documenting ownership.
   c. Damaged or soiled toys/games/puzzles should be brought to the attention of the Clinic Manager so that cleaning or repairs can be arranged.

Initiation of Services and Case Assignment
1. Initiation of Services
   a. Programs may choose to have clinic administrative staff field services requests from new clients and gather initial information, or programs may designate alternative processes (e.g., all service requests are referred to Clinic Director). These alternative processes should be communicated to the Clinic Manager for appropriate implementation.
   b. Programs may choose to have intake materials mailed to clients or provided at intake session by administrative staff. Clinic directors should inform the Clinic Manager of requirements (e.g., specific forms or processes) to ensure appropriate implementation.

2. Client Assignment
   a. Programs may choose to have clinic administrative staff assign new clients directly to clinicians (e.g., rotation system), or programs may designate alternative processes (e.g., all client assignments are made by Clinic Director). These alternative processes should be communicated to the Clinic Manager for appropriate implementation.
Observation Room Practices

1. Clinician Observations
   a. Clinicians may only observe sessions that they are actively involved or with the express permission of the clinician, their supervisor, or the Clinic Director.
   b. Clinicians are expected to avoid viewing sessions that they are not authorized to view to protect client confidentiality.

2. Undergraduate Class-related Observations
   a. Undergraduate class observation may be conducted at the clinic with the express permission of a program.
   b. Observations are scheduled using room use priorities as space allows. Programs should communicate with the Clinic Manager before each term to confirm class observations for the following term can be accommodated.
   c. Observations are by individual appointment or by prearranged group viewing. Blocks of observation time are set aside based on anticipated need. Appointments are made within these blocks of time.
   d. Before the first observation program staff will provide a brief orientation to the class regarding appropriate observation practices and confidentiality. A confidentiality form should be provided to each student and receipt recorded by the Clinic Manager. Each student should receive a copy of the document, “Observing a Session – For Undergraduate Student Observers”, that outlines the following appropriate observation room procedures:
      • Students must sign in and receive a visitor’s badge each appointment.
      • Observers are escorted to the room by clinic staff. Clinic staff will log into video system to ensure correct room has been selected for viewing. Clinic staff will demonstrate technology to observer (e.g., use of headphones, volume control).
      • During a session, observers need to be respectful of the privacy of others using the observation room, including keeping voices low, refraining from using cell phones, and not attempting to view other sessions.
      • Observers are asked to remain in the observation room for the entire session. If the observer must leave the observation room for any reason (e.g., to use restroom), the video monitor should be switched off.
      • Observers will check out at the front desk and return visitor’s badge at the completion of the observation appointment.

3. Family Member and Caregiver Observations
   a. Before first observation, family members and caregivers should be provided the document, “Observing a Session – For Family Members and Caregivers”, that outlines the following appropriate observation room procedures:
      • Observers may be sharing the space with clinic supervisors, other parents and caregivers and are asked to be respectful of the privacy of others using the observation room, including keeping voices low,
refraining from using cell phones, and not attempting to view other sessions.

- Up to two children may observe the session with the adult family member/caregiver. Children must remain with the adult at all times (including restroom breaks). If the child becomes disruptive, the adult family member/caregiver should excuse themselves with the child to the waiting room.
- Observers are escorted to and from the observation room by a clinician or supervisor.
- Observers are asked to remain in the observation room for the entire session. If the observer must leave the observation room for any reason (e.g., to use restroom), the video should be minimized so the room image cannot be seen by others.

b. A clinician or supervisor must escort observer to and from assigned observation room kiosk at the beginning and end of session.

c. A clinician or supervisor must log into video system to ensure correct room has been selected for viewing.

d. A clinician or supervisor should demonstrate technology to observer (e.g., use of headphones, volume control).

e. A clinician or supervisor will inform parent of the room number in which the session is taking place so the observer may seek assistance if there are technical difficulties during the observation.

Parking and Transportation

1. Client Parking
   a. Client parking is available in the lot 19 directly to the south of the clinic (between the HEDCO Clinic wing and Clinical Services Building) accessible from Alder Street near the intersection with 17th Street. A parking pass, provided by the clinic is required to park in this lot.
   b. Nineteen client parking spaces and two disabled parking spaces are available in the client parking in Lot 19. Parking in Lot 19 is free to clients use during their appointment. Additional disabled parking is available on the south side of the Clinical Services Building accessible off of 18th Street. All spaces have a two hour parking limit. The pay-to-park visitor spaces in lot 17 may be available for overflow parking. Clients are responsible for any parking fees or citations.
   c. Any parking fees are at the expense of the client. The clinic does not validate parking, nor can it pay for parking citations. The receptionist on duty can provide change for parking payments if adequate funds are available and information on contesting a parking citation.
   d. Additional free and metered parking may be found in the neighborhood streets surrounding the clinic, including: Kincaid, Hilyard, and 14th through 18th Streets.

2. Staff and Student Parking
   a. UO staff and student parking is available in surface lots and in the garage beneath the HEDCO building. Parking in student and staff lots requires the purchase of a UO parking sticker available through the Office of Public Safety.
   b. Students and staff may not park in lots marked for client/patient use.
3. Bus Service  
   a. The HEDCO clinic is within three blocks of the LTD bus stations at UO on Kincaid Street.  
   b. Several buses stop near the HEDCO building, including: 73 UO/Willamette, 28 Hilyard, and 78 UO/Oak Patch.

Payments and Fees
1. Fees  
   a. Programs will establish fees for services. Revisions to fee schedules must be established by January 30th each year in order to be reflected in the UO fee book. Changes to fees should be provided to Clinic Manager to update the scheduling and billing system.  
   b. All assessed fees for a client must be reported to scheduling staff once established (e.g., fee may be indicated on fee form or intake paperwork). This information is recorded in the scheduling/billing system. Clients are charged the fee indicated in scheduling/billing system, unless revised by clinician, supervisor or Clinic Director.

2. Payments  
   a. Programs may choose for clients to pay at the reception counter, to be billed, or a combination of both practices.  
   b. Client fees are collected at the reception counter before sessions, using the assessed fee for service as indicated in scheduling/billing system. The clinic accepts cash, Visa and MasterCard credit/debit cards, and checks for counter payments.  
   c. Unpaid balances are billed to clients monthly.  
   d. The clinic does not accept prepayment for services.

3. Contracts  
   a. Services provided through contracts are billed to the contracting agency on a monthly or quarterly schedule as determined by the contract, program, and contracts coordinator.  
   b. Requests for new contracts should be made to the contracts coordinator in consultation with the Clinic Manager.

Professional Considerations
1. Behavior  
   a. Clinic staff should maintain professional behavior in all interactions with clients, other clinic staff, and visitors.  
   b. Clinic staff should respect fellow professionals and use positive ways to resolve conflict.  
   c. Interpersonal-conflicts should be brought to the attention of the appropriate supervisor and Clinic Director.  
   d. Conflicts involving scheduling, room use, or general clinic policy should be brought to the attention of the Clinic Manager or other appropriate clinic staff.
These concerns will be brought to the attention of a supervisor or Clinic Director if appropriate.

2. Dress Code
   a. Clinic staff should maintain professional appearance at all times when working in the clinic. Professional appearance shows respect for clients, the facility, and the programs being represented.
   b. Dress should not include:
      - logo t-shirts, workout clothing (e.g., sweat shirts, sweatpants, or track clothing)
      - clothing that is excessively tight or short, exposes undergarments, mid-drifts, or excessive cleavage
      - garments or shoes that restrict movement necessary to complete service or work functions, or are a distraction to the work environment
      - scented body products
   c. The HEDCO Clinic has a low/no fragrance policy. Strong scents or heavy concentrations of body scenting products which others may find personally offensive or cause discomforting symptoms are not appropriate in the clinic setting.
   d. Individual programs may choose to enforce more stringent dress policies if the requirements exceed the restrictions of the HEDCO clinic policy.

3. Liability Insurance
   a. Programs are strongly encouraged to require all clinicians and supervisors conducting clinical work be covered by liability insurance appropriate to the service provided.

4. Social Networking
   a. Clinicians are not allowed, for any reason, to mention clients, therapy, or seeing clients in any way on social networking sites such as Facebook and Twitter. This is a breach of confidentiality, even if you are “vague” in your statements or provide positive sentiments. Please consider your professionalism on social networking sites and change your settings to private to avoid clients finding you on these types of sites.

Public Inquiries and Client Complaints
1. Public or Media Inquiries
   a. Clinic reception staff will field all incoming calls, addressing questions about services as appropriate and will direct inquiries beyond the scope of their positions to appropriate administrative or program staff.
   b. Inquiries from the other agencies, records requests, and those relating to clinic structure or general clinic services or policy, will be forwarded to the Clinic Manager.
   c. Inquiries specific to a program, especially those from the media, will be directed to the appropriate Clinic Director, unless an alternative process has been established.
2. Client Complaints
   a. Clinic reception staff will direct clients with complaints to the Clinic Manager to field and refer to appropriate staff as established by program.
   b. All complaints specific to a program, supervisor, or clinician, including requests for a new clinician, will be directed to the appropriate Clinic Director, unless an alternative process has been established.

Release of Records
1. The Clinic Manager will act as records manager for the clinic.

2. A clinic-wide Authorization to Use and Disclose Information has been developed to help facilitate the exchange of information between the clinical programs and other agencies or individuals.

3. Records are processed in accordance with FERPA and HIPAA regulations and any additional program-specific requirements.

4. Programs may choose to have clinic administrative staff process records requests, or programs may designate alternative processes (e.g., records requests are referred to clinician, supervisor, or Clinic Director). These alternative processes should be communicated to the Clinic Manager for appropriate implementation.

5. All program records request policies should include, at a minimum, the following:
   a. All requests must be in writing and signed by all participating adult clients or, in the case of minor children, a legal guardian (per HEDCO confidentiality policy)
   b. Allow up to two weeks for processing (required for obtaining archived records).
   c. Clearly outline responsibilities of clinician, supervisor, Clinic Director, and administrative staff in releasing of client records, including any differences for handing:
      • Requests from current or recently discharged clients
      • Former clients
      • Release to self requests (client is requesting copy of own records)
      • Release to a third party (e.g., physician, another service agency, etc.)
      • Court-ordered releases

Research
The clinic is both a training facility for students and a venue for conducting intervention research sponsored by a participating clinic. In order to conduct research using clinic space and resources, a project must be approved by clinic management and leadership team (using research application form). To help ensure that the clinic space is being used in a manner supportive of clinic policies and educational environment, research activities should meet the following criteria:

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1. **Faculty and Clinical Program**
   Research is managed by a clinic-affiliated faculty member or GTF and sponsored by a clinical program participating in the HEDCO Clinic. Faculty and GTF researchers must read the HEDCO Clinic handbook and sign the clinic confidentiality agreement.

2. **Student Participation**
   Services or other research activities are conducted by current student clinicians as part of their training or practicum/internship commitments.

3. **Research Participants**
   Clinic management is provided basic information on research participants in order to conduct daily business, such as scheduling, check-in, and reception. This information includes, but is not limited to: participant’s name, telephone number, activity/service participating in, and the assigned clinician/supervisor. If emergency contact information is to be kept outside of the clinic or other location inaccessible to clinic staff, the clinician or supervisor is responsible to handle this information in case of an emergency.

4. **Scheduling**
   Scheduling of research activities is during non-peak times (as defined on a term by term basis) or falls within the sponsor clinic’s existing room allotment. Regular clinical services receive priority in scheduling.

5. **Staffing**
   Clinic staff support is limited to regular duties and existing processes (e.g., reception, telephone intakes, scheduling, and data entry in existing databases). Activities beyond these (e.g., development of research forms, design or management of new data systems, coding, etc.) are supported by the research project in the form of additional staff or research assistants, along with the workstations and other resources necessary to complete these tasks.

6. **Funding**
   The research project or sponsoring clinic is responsible any costs associated with room use. Research specific supplies and other resources are supported by research funds or the sponsoring clinic.

7. **Policies**
   Research project follows confidentiality requirements and other minimum standards as outlined in the HEDCO Clinic Policy handbook.

8. **OPHS/IRB Approval**
   Research project has been reviewed and approved by the Office for the Protection of Human Subjects prior to the start of research activities within the clinic.
Room Use Priorities

1. Therapy Room Priorities
   a. Therapy Room - Small
      • First – Therapy or Tutoring Sessions for up to Four Clients
      • Second – Research Activities that require client contact
      • Third – Other Activities that do not require client contact or review of recorded client sessions
   b. Group Therapy Room - Large
      • First – Group Therapy or Tutoring Sessions for Five or More Clients
      • Second – Practicum Classes that require client contact or review of recorded client sessions
      • Third – Therapy or Tutoring Sessions for One to Four Clients
      • Fourth – Research Activities that require client contact
      • Fifth – Other Activities that do not require client contact or review of recorded client sessions

2. Observation Room Priorities
   a. Large Observation Room
      • First - General Observation and Student Work Area: Open to graduate students and supervisors from all clinical programs for observation purposes and quiet work area
      • Second - Large Group Observation: In rare circumstances this room may be partially reserved during non-peak times (before noon or during evenings) for large groups (e.g., smaller observation rooms would be too small) for the purpose of viewing confidential recordings or conducting recording/observation projects.
   b. Small Observation Room 189 (three kiosks)
      • First - Undergraduate Class/Parent and Caregiver Observations (kiosk reservation): Primary room for undergraduate class-related observations and parent and caregiver observations
      • Other Uses - Private/High Risk Supervisor Observation: Supervisors may reserve entire room in order to conduct on-site observation requiring a private setting, quick access to therapy room, or high-risk/special concern cases.
   c. Small Observation Room 190 (three kiosks)
      • First - Graduate Student Observation (kiosk reservation): Primary room for private observation by small groups of students
      • Other Uses - Private/High Risk Supervisor Observation: Supervisors may reserve entire room in order to conduct on-site observation requiring a private setting, quick access to therapy room, or high-risk/special concern cases.

3. Meeting and Work Room Priorities
   a. Meeting Room (first floor)
      • First – Non-therapy Client Meetings: Includes IFSP meetings, supervisor consultations, parent meetings, etc.
• Second – Clinical Staff Meetings and Supervision Appointments: Includes policy team meetings, Clinic Director/supervisory staff meetings, and supervision appointments.

b. Student Work Room (second floor)
• First – Graduate clinician quiet work room for case planning and notes.

Scheduling
1. Room Blocks
   a. Blocks of rooms are assigned to programs each term based on identified program needs and scheduling priorities identified by the policy team (see room use priorities). Programs may schedule appointments within their assigned room blocks.
   b. Room block requests for the next term are due to the Clinic Manager by the fifth week of each term (see Scheduling Database section below for appointment scheduling deadlines). These requests should include the total number of rooms a program needs for each day of the week and each hour of service within a day, and the intended use (for purposes of prioritizing). Estimates on observation room needs should also be placed at this time. Any apparent conflicts in requests will be brought to the attention of Clinic Directors for discussion.
   c. Programs are allowed to schedule all rooms in their designated blocks with the following restrictions:
      • Activities must correspond to approved clinic room uses (therapy/tutoring sessions, practicum/skills group classes, video recording for clinical training purposes).
      • Appointments should begin on the hour or half-hour whenever possible to ensure minimal gaps in scheduling (i.e., back to back appointments). Appointments should allow for a minimum of ten minutes of transition time between appointments for adequate clean-up by exiting clinician and set-up for incoming clinician (e.g., sessions should be 50 minutes in length rather than a full hour). Programs may schedule back-to-back appointments with no breaks within their room block, as long as the final appointment ends at least ten minutes before next appointment by another program.
   d. Programs may request a modest number of rooms beyond their need to allow for mid-term client additions; however, if a pattern emerges where rooms are going unused within a particular block, the Clinic Manager may contact the Clinic Director to discuss opening up those rooms for other purposes.
   e. Within twenty-four hours of the appointment time, rooms within a block that are left unscheduled or that become open due to cancellations will become open for scheduling by other programs. Contact the Practicum & Contracts Coordinator to schedule any rooms outside your program’s room block.
   f. Mid-term adjustments to room block allocations may be necessary to address room shortfalls for programs that maintain service contracts for other agencies. Requests for additional rooms for contract fulfillment purposes should be made through the contracts coordinator.
2. Scheduling
   a. The clinic uses Titanium Schedule to coordinate clinical intern, supervisor, and client schedules. The scheduling system can be accessed from clinic computers after proper log-in.
   b. Administrative staff will schedule all term-in-advance appointments and will reschedule existing term-in-advance appointments once the term has begun. Appointment scheduling information is due to the Practicum and Contracts Coordinator (scheduler) no later than the 8th week of the term. Any changes or corrections made to term-in-advance appointment requests must be made promptly and with as much notice as possible.
   c. Reception staff will schedule observation room/kiosk reservations, same-day, and short-notice appointments. Reception staff will also make reservations for observation room kiosks for family/caregiver observations and supervisor observations.
   d. Programs that choose to have clinicians schedule week by week appointments are responsible for their own scheduling within assigned room blocks with the assistance of administrative staff as needed. A scheduling computer station is at the rear reception desk (opposite payment counter) for after-session scheduling.
   e. All requests to schedule outside an allotted room block must be made to the clinic manager or practicum & contracts coordinator.

3. Cancellations
   a. Cancellations, either client or clinician initiated, are to be recorded in the scheduling system immediately to allow for rescheduling. Failing to remove cancelled appointments from the scheduling system may result in the appearance of fewer rooms available within a block.
   b. Clinicians and supervisors may cancel appointments within the scheduling system or inform reception staff of cancellations so they can be recorded.
   c. If reception staff takes a cancellation call from a client, the cancellation will be noted in the scheduling system. Depending on process established by program, reception staff will either call or email all clinic staff participating in session (clinician, co-clinician, supervisor, etc.)

4. Arrivals
   a. Clinicians should arrange to be in the clinic before the start of an appointment. Clinicians may wait in the student work room or in their assigned therapy room (if vacant) until client arrives.
   b. Clinicians are responsible for determining client arrivals. This can be achieved by:
      • Monitoring the scheduling system for client arrivals. The scheduling system will be updated by reception staff upon client arrival (status indicator will change from gray to green when client arrives).
      • Checking the waiting room periodically. Clinicians should not wait in chairs, as client seating is limited.
      • Call the front desk and ask the receptionist if client has arrived.
   c. Clinicians must be prompt in retrieving clients from waiting room. If a clinician has not arrived by the scheduled appointment time, a call will be placed to the clinician in hopes of locating them. An appropriate supervisor or Clinic Director
will be notified of any incidents of excessive tardiness or a failure to keep a scheduled appointment.

Support

1. Practicum Support
   a. Administrative staff will provide practicum related support as requested including:
      - Tracking client contact hours
      - Maintaining externship site contracts and placement lists
      - Arranging practicum site selection fairs
      - Coordinating revision of clinical manuals
      - Scheduling practicum groups within clinic premises only (practicum groups must meet scheduling priority criteria – see scheduling section)
   b. Programs are responsible for informing the practicum coordinator of specific requirements, deadlines, and needs relating to practicum support activities.

2. Other Support Requests
   a. Requests for special projects should be directed to Clinic Manager for appropriate assignment to utilize staff expertise and maintain workflow. Assigned administrative staff will then contact the Clinic Director or supervisor requesting assistance for further instruction.
   b. Requests for data reports from clinic databases or other sources should be made to the Clinic Manager for appropriate assignment.
   c. Requests for alterations to or the adding of regular duties to administrative positions should be made to the Clinic Manager.

3. Non-supported Activities
   a. Administrative staff is unable to provide academic-type support for classes including practicum classes. Requests for syllabi preparation/posting, class-related photocopies, or book orders should be made through the appropriate academic secretary or other academic department support staff.
   b. Research support is limited to regular duties and existing processes (e.g., reception, telephone intakes, scheduling, etc.). Activities beyond these (e.g., development of research forms, design or management of new data systems, coding, etc.) must be supported by the research project in the form of additional staff or research assistants, along with the workstations and other resources necessary to complete these tasks.

Storage

1. Lockers
   a. General use lockers, which may be padlocked with a personal lock, are located in the rear lobby. Please see the Practicum & Contracts Coordinator for locker assignments and availability.
   b. Clinicians and supervisors are asked to store their personal items in lockers rather than leaving items unattended in observation rooms or therapy rooms.
2. Program Storage
   a. The clinic has limited storage that must be shared by all programs.
   b. Clinic directors should communicate with the Clinic Manager about any changes in storage needs.
   c. Storage rooms have been designated for the following purposes:

<table>
<thead>
<tr>
<th>Storage User</th>
<th>Storage Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Clinic Storage</td>
<td>180D offices supplies, cleaning supplies</td>
</tr>
<tr>
<td>CDS-Speech-Language-Hearing Center</td>
<td>Room 195 – 58’</td>
</tr>
<tr>
<td></td>
<td>1 cabinet in back lobby – 14’</td>
</tr>
<tr>
<td></td>
<td>3 lateral files/cabinets in back lobby – 42’</td>
</tr>
<tr>
<td>CFT-Center for Family Therapy</td>
<td>1 cabinet in back lobby – 14’</td>
</tr>
<tr>
<td>CLT-Reading Clinic</td>
<td>180B – 36’</td>
</tr>
<tr>
<td></td>
<td>1 cabinet in back lobby – 14’</td>
</tr>
</tbody>
</table>

3. Therapy Room Storage
   a. Each therapy room will have a storage unit intended for shared clinic storage.
   b. Programs may choose to store a small quantity of program-specific materials in commonly used rooms as space allows, with the understanding that the rooms may be used by other programs. Label all program specific items.
   c. Commonly used items such as art and office supplies are kept stocked for use by all programs.

Technology
1. Cameras and Microphones
   a. Each therapy room is outfitted with one camera and microphone.
   b. Video and sound quality issues should be reported to the Clinic Manager immediately following the session so that repairs can be made. A temporary replacement camera can be installed between sessions with sufficient notice.

2. Video Recording and Playback
   a. Recording is started and stopped from the in-room laptops (instructions will be provided in orientation).
   b. In-room laptops can also be used for playback of recorded video.
   c. Observation computers in the three observation rooms can be logged into the camera feed for any therapy room. See observation room practices section for restrictions.
   d. Supervisors will have the capability to view therapy sessions and recorded video of their supervisees from offices within the HEDCO building.

3. UO wireless internet access is not available to visitors.

Therapy Room Practices
1. Appropriate Use
3. Cleanliness

a. All therapy rooms must be scheduled in advance to inform other clinic staff that a room is occupied and for what length of time.
b. Scheduling priority is given to therapy/tutoring sessions, followed by practicum classes. Clinicians may use an open room as a workspace only if not already scheduled for another purpose.
c. Clinicians using an open room as workspace must:
   - Be out of the room 15 minutes before a session starts
   - Try to use rooms generally reserved by your program
   - Do not leave items unattended in the room for any more than a few minutes
   - Clean up after yourself; making sure the furniture is clean, ready to use
   - Throw food and drink related trash into the kitchen trash can rather than the trash can in the therapy room.
   - Leave the room door open a bit so others can tell that a therapy session is not in progress.
d. Reservations are for specific rooms. If a clinician wishes to switch rooms, the schedule must be updated to reflect this as well as the door schedule.
e. Therapy rooms must be vacated promptly, with at least ten minutes of time set aside for clean-up and preparation for the next use (see scheduling section). Programs that conduct back-to-back sessions must leave at least ten minutes between their final session and the next activity scheduled in that room by another program.
f. Appointments that are running long may be interrupted by a knock on the door if you are in the same program (for emergencies see emergency session extension section below). If you are in a different program than the long-running session, report it to clinic management for assistance. Do not interrupt sessions of other programs. Sessions must then be wrapped up promptly and the room vacated. Late sessions should be reported to the appropriate supervisor or Clinic Director.

2. Furniture

a. Safety and accessibility policies require that furniture not be placed in the hallway. If you need to move a chair or materials from one room to another, replace the items immediately after your session. Tables may not be removed from clinic rooms. Direct furniture questions to the clinic manager.

3. Cleanliness

a. After use, therapy rooms should be left in a state which will allow immediate use by the next user.
b. Furniture should be replaced if moved.
c. Windows closed.
d. Spills on carpet and soiled upholstery should be attended to immediately. Cleaning supplies are available on the kitchenette. The Clinic Manager or other administrative staff should be contacted for assistance and for follow-up cleaning if spot cleaning was unsuccessful.
4. Emergency Session Extensions
   a. If there is an emergency requiring a session continue past its scheduled time (such as a suicidal client), the following must take place:
      • The clinician should consult the appropriate supervisor regarding the emergency situation.
      • The receptionist must be informed in order to determine if there is an appropriate scheduling solution for the next appointment for that room.
      • Updates to the schedule will be communicated to all clinicians and supervisors that are affected.
   b. If an emergency occurs during a 7:00 p.m. (last session before closing) and needs to extend beyond closing, a supervisor must be available to come to the clinic so that the clinician conducting the emergency session is not alone. The receptionist on duty is asked to remain until the supervisor’s arrival.

Clinic Contacts

<table>
<thead>
<tr>
<th>NAME</th>
<th>PROGRAM</th>
<th>POSITION</th>
<th>CONTACT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lalla Pudewell</td>
<td>HEDCO Clinic</td>
<td>Clinic Manager</td>
<td>Office: 541-346-0922 <a href="mailto:pudewell@uoregon.edu">pudewell@uoregon.edu</a></td>
</tr>
<tr>
<td>Lindsay Elliott</td>
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<td>Office: 541-346-0915 <a href="mailto:lelliott@uoregon.edu">lelliott@uoregon.edu</a></td>
</tr>
<tr>
<td>Anna Ingram</td>
<td>CTL Reading Clinic</td>
<td>Administrative Assistant</td>
<td>Office: (541) 346-4314 <a href="mailto:annad@uoregon.edu">annad@uoregon.edu</a></td>
</tr>
<tr>
<td>Tiffany Brown, Ph.D., LMFT</td>
<td>Couples and Family Therapy</td>
<td>Clinic Director Center for Family Therapy</td>
<td>Office: 541-346-2117 <a href="mailto:tiffanyb@uoregon.edu">tiffanyb@uoregon.edu</a></td>
</tr>
<tr>
<td>Margit Mayr-McGaughhey, Ph.D., CCC-SLP</td>
<td>Communication Disorders and Sciences</td>
<td>Clinic Director Speech-Language-Hearing Center</td>
<td>Office: 541-346-3599 <a href="mailto:mmayr@uoregon.edu">mmayr@uoregon.edu</a></td>
</tr>
<tr>
<td>Carrie Thomas Beck, Ph.D.</td>
<td>CTL Reading Clinic</td>
<td>Clinic Director Reading Clinic</td>
<td>Office: 541-346-4474 <a href="mailto:cthomas@uoregon.edu">cthomas@uoregon.edu</a></td>
</tr>
</tbody>
</table>