Preview: Provider Case Study Submission Form

This document is for preview purposes only. Final case studies must be submitted via the official form accessible in Unyte Resources.

Please maintain HIPAA compliance by using pseudonyms and providing a secure email address.

SECTION 1

Consent and Supporting Documentation

Client's Informed Consent

In addition to obtaining written informed consent based on your profession, client population, and the legal requirements in your jurisdiction, you may use or adapt this statement to explicitly inform and obtain consent from the client represented in this case study:

- By participating in this case study, I understand that my de-identified information may be published by Unyte Health.
- I was given time to ask questions to my provider and fully understand how my data and information may be shared.
- I understand that, should I agree to participate, I will not receive any payment; conversely, participation will not cost me anything.
- I understand that, even if I initially consent to participate, I may subsequently withdraw at any time and would not be required to give any reasons; if that happened, any information shared with Unyte Health will be destroyed, unless I give consent for it to be retained.

Informed Consent Attestation*

□ I attest that my client has given consent to participate in this case study.

** Answer is required.*

Supporting Documentation

- **Multimedia:** Multimedia or assessment results help provide valuable, supportive evidence and are highly recommended. This includes videos, photos, graphs and charts, audio, handwriting samples, client testimonials, etc. Please send supporting multimedia to casestudy@unyte.com following your completion of this form.
- **Outcome Measures:** This includes any formal outcome measures, such as the administration of Unyte Assessments, or progress toward goals or functional changes using objective assessments. If applicable, please report assessment scores in your submission (score summaries can be found in Unyte Assessments).

Terms of Use*

To ensure the ethical use of your data and media, please review the following terms regarding clinical sharing and marketing. Select all that apply:

□ I give permission for Unyte to use my case study submission for clincal and research purposes.

□ I give permission for Unyte to publish my case study submission on its website, social media, and other communication channels.

SECTION 2

Provider/Organization Information

- Are you an individual provider, or part of a team plan?*
- Provider Name*
- Provider Language*
- Discipline/Credentials*
- Modalities
- Social Media
- Practice Name
- Practice Location*
- Are you a recipient of Unyte's Social Impact Scholarship?*
- Which Unyte listening therapies have been delivered?*
- What is your experience delivering the Unyte listening therapies?

SECTION 3

Client Information

- For this case study submission, how many clients did you deliver Unyte listening therapies to?
- Client Pseudonym:*
- Client Age*
- Client Gender*
- Client User ID*
- Client Presentation*
- Background*
- Reason for Seeking Services*

** Answer is required.*

SECTION 4

Implementation of Unyte Listening Therapies

- If the SSP was delivered, which Pathway/Hour(s)?
- If the RRP was delivered, which Levels?
- If the ILS was delivered, which program(s)?
- Delivery*
  - How was the Unyte program delivered (in-person, remotely, or a combination of both)? What was the length, pace, and structure of the sessions (co-listening, independent listening, activities, etc.)?
- Therapeutic Approach
  - Were other modalities or therapeutic approaches used in delivery?
- Supporting Activities
  - What, if any, psychoeducation, co-regulation, regulating activities or other interventions were delivered?

SECTION 5

Response

Outcomes*

- What changed for your client(s) as a result of the intervention, especially relative to their clinical history? Please provide any supporting data, progress towards goals, or other outcomes.

Unyte Assessment Results*

- Were any Unyte Assessments used? When were they administered? What were the pre- and post-program scores?

Subjective*

- Describe your own reactions, as well as the reactions of the client(s), and how family members, teachers, or colleagues responded to the changes.

Discussion*

- What do you think was different about this intervention? What have you learned (or what would you change) after working with this client? Consider how this case might inform delivery for other providers and their clients.
- What did this case teach you about your own practice as a provider, and how will this translate over into delivery to future clients?

Additional Info

- Please include anything else that supports your case.

** Answer is required.*