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Teletherapy Informed Consent Form

(1) As defined by ASHA, "Teletherapy" or "Telepractice" is the application of telecommunications technology to the delivery of speech language pathology professional services at a distance by linking clinician to client for assessment, intervention, and/or consultation via interactive audio, video, or data communications. I understand that teletherapy can involve the communication of my medical/health information, both orally and/or visually.

(2) Teletherapy will occur in the state of MS (USA) and will be governed by the current laws of the state as applicable. I understand that the teletherapy services received will be the equivalent in quality of face to face sessions as mandated by *ASHA's Code of Ethics* and *Scope of Practice in Speech-Language Pathology.*

(3) The current laws that protect the confidentiality of my medical information also apply to teletherapy at the time of service rendered. Unless we explicitly agree otherwise, our teletherapy exchange is confidential. I will not include others in the session unless agreed upon, or as deemed necessary for treatment.

(4) I accept that teletherapy does not provide emergency services. If I am experiencing an emergency situation, I understand that I can call 911 or proceed to the nearest hospital emergency room for help.

(5) In the event our teletherapy is not in my best interests, my speech-language pathologist will explain that to me and suggest some alternative options better suited to my needs.

(6) I understand there are risks and consequences from teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of my SLP, that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons. I am responsible for information security on my computer.

(7) I understand that there is a risk of being overheard by anyone near me if I am not in a private room while participating in teletherapy. I am responsible for (1) providing the necessary computer, telecommunications equipment and internet access for my teletherapy sessions, and (2) arranging a location within my home with sufficient lighting and privacy that is free from distractions or intrusions during my session.

I have read, understand, and agree to the information above.
I hereby grant consent to engage in teletherapy with Aultman Speech Therapy, LLC.

_____
Patient's Name

_____ _____ _____
Signature of Parent or Legal Guardian Date Phone number