

TELETHERAPY/TELEMEDICINE TREATMENT AND/OR EVALUATION CONSENT

I give consent for my child to receive Speech-Language Evaluation and/or Treatment via HIPAA compliant Zoom platform. In accordance with HIPAA regulations, telecommunications will not be recorded or stored. As with in-person sessions, written records of treatment and evaluation sessions will be maintained. As with in-person sessions, all precautions will be taken to maintain privacy and confidentiality of sessions.

You agree to be present and/or have your child be present for sessions by logging on at the agreed upon time (both video and audio need to be working). All current policies apply regarding late cancel and no-show fees and requirements for giving advance notice of cancellations (at least 24 hours).

Charges to insurance for telemedicine sessions are the same as for in-person sessions. It is your responsibility to verify coverage for teletherapy/telemedicine with your insurance plan.

I agree to participate in, or have my child participate in, telemedicine sessions for speech and language evaluations and/or treatment.

Signature of Parent/Guardian

Child's Name

Today's Date