Telepractice Consent Form

Telepractice is the delivery of therapy services using distance technology, typically computers, when the clinician and patient/client are not in the same physical location.
Potential Benefits:

1. Allow for remote therapy services either by choice or when in-person services aren't available.
2. Provide education and support to caregivers to foster carryover.
3. Allow for greater convenience for all parties and reduction of cancellations.

Potential Risks: As with any service, there may be potential risks associated with the use of telepractice.

These risks include, but may not be limited to:

1. Quality and strength of Internet connection may vary and/or may not be sufficient for high-quality video and audio to allow for effective interaction.
2. Security protocols of the Internet-based programs could fail, causing a breach of privacy of confidential clinical/medical information.

By signing this form, I understand and agree with the following:

- □ The laws that protect the privacy and confidentiality of health information also apply to telepractice. Information obtained during telepractice sessions will not be given to anyone without my consent.
- □ As with any Internet-based communication, I understand that there is a risk of security breach.
- □ I have the right to withhold or withdraw my consent to the use of telepractice.
- □ I have the right to inspect any information obtained and/or recorded through telepractice.
- □ I may expect the anticipated benefits from the use of telepractice, but I understand that no results can be guaranteed.
- □ I have read and understand the information provided above regarding telepractice, and all of my questions have been answered to my satisfaction.
- □ I hereby consent to the use telepractice in the provision of speech therapy services.

Name of Client	Date
Name of Parent / Caregiver	Signature of Witness

Please contact Branched Out Therapy, Inc. or call (914)-755-6373 if you have any questions or concerns. Thank you.