



Speech-Language • Occupational Therapy
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CONSENT FOR TELETHERAPY SERVICES AND TREATMENT

Patient Name (Last, First)

DOB

Date

Teletherapy includes the use of electronic communications by a health care provider for the diagnosis, treatment, and/or consultation of Speech/Language Therapy, Feeding Therapy, or Occupational Therapy services.

Patient's Rights, Responsibilities, and Risks

I understand that I have the following rights, responsibilities, and risks with respect to teletherapy:

- I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
- I understand that the laws that protect the privacy and the confidentiality of medical information also apply to teletherapy, and no protected health information from the teletherapy interaction will be disclosed to other parties without prior consent, except as permitted by law. To safeguard confidentiality, patients are not permitted to record sessions.
- I understand that while teletherapy treatment has been found to be effective in treating a wide range of disorders, there is no guarantee that all treatment of all patients will be effective. I understand the patient may benefit from teletherapy, but results cannot be guaranteed or assured.
- The patient/parent/legal guardian is responsible for:
 - (1) Providing the necessary computer, telecommunications equipment, and internet access for the teletherapy sessions.
 - (2) The information security of their personal computer
 - (3) Arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for the teletherapy session. I understand that there is a risk of being overheard by anyone near the patient if he/she is not in a private room while participating in teletherapy.
 - (4) *For minor patients, an adult caregiver must be present in the same room for the duration of the session to assist with technical difficulties, to provide redirection as needed, and to facilitate the carry-over strategies and techniques acquired during the treatment session. Regular attendance is required to achieve the best results from treatment.*
- I understand teletherapy involves the use of electronic information and communication technologies.
- I understand there are risks and consequences from teletherapy, including, but not limited to, the possibility, despite reasonable efforts to ensure high encryption and secure technology on the part of the Beth Ingram Therapy Services provider, that: the transmission of patient information could be disrupted or distorted by technical failures; the transmission of patient information could be interrupted by unauthorized persons; and/or the electronic storage of patient medical information could be accessed by unauthorized persons.

Consent for Treatment: I consent to receiving diagnostic assessment and treatment via Teletherapy performed by Beth Ingram Therapy Services over a secure video conferencing platform for medically necessary Speech/Language Therapy, Feeding Therapy and/or Occupational Therapy services. Any copays, deductibles, coinsurances, and/or self-payments that apply will be the patient's responsibility.

I have read the information provided above and I fully understand its contents including the risks and benefits of teletherapy services. I hereby give my informed consent for the use of teletherapy and all my questions have been answered to my satisfaction.

Signature of Patient, Parent, or Legal Guardian

Print Name

Email: _____

Phone: _____