



Consent for Treatment – Telehealth

Child's Name: _____

The American Speech and Hearing Association (ASHA) defines telepractice (the act of providing Telehealth services) as "the application of telecommunications technology to delivery of professional services at a distance by linking clinician to client, or clinician to clinician, for assessment, intervention, and/or consultation." The American Occupational Therapy Association (AOTA) defines telehealth as the application of evaluative, consultative, preventative and therapeutic services delivered through information and communication technology.

The Texas licensing boards for speech and occupational therapies support the use of telehealth as it has been shown to have equal outcomes to face-to-face interventions. Teletherapy has been determined as an appropriate service delivery model for your child. Teletherapy will only be used if determined to be at least as effective as in-person treatment. If teletherapy is not deemed as effective, you will be notified and referred back to in-person treatment.

In order to give consent for your child to receive teletherapy services, please initial each item below and sign and date the bottom of this form.

_____ I hereby consent to engage in teletherapy with The Parish School and/or The Carruth Center for therapeutic service for my child. I understand all other aspects of services (billing, cost, privacy, authorization for emergencies) remain in effect. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment, however I will remain financially responsible for services rendered before consent is withdrawn. I understand that if I withdraw or withhold consent, equivalent in-person services might not be available at the same location or time as teletherapy services.

_____ I understand that an adult facilitator must be present in the room in order to assist the child with technical difficulties or to keep the child on task during the teletherapy session. This facilitator can be a parent or other caregiver that the parent designates.

_____ I understand that "teletherapy" includes treatment using interactive audio, video, or data communications. I understand that teletherapy also involves the communication of my child's medical information, both orally and visually.

_____ The laws that protect the confidentiality of my medical information also apply to teletherapy. As such, I understand that the information disclosed by me during the course of my therapy or consultation is generally confidential and subject to the same laws and protections as apply to in person therapy.

_____ I understand that there are risks and consequences from teletherapy, including, but not limited to the possibility, despite reasonable efforts on the part of The Parish School and/or The Carruth Center in compliance with applicable law, 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. In the event of a disruption or distortion or other technical difficulties, I understand that my session may be terminated and rescheduled. I understand that I may expect the anticipated benefits such as improved access to care and more efficient evaluation and management from the use of telehealth in my care, but that no results can be guaranteed or assured.

_____ The Parish School and The Carruth Center currently uses Zoom to provide teletherapy services. I understand that I am responsible for (1) providing the necessary computer, telecommunications equipment, and internet access for my child's teletherapy sessions, (2) the information security on my computer, and (3) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my child's teletherapy session.

_____ I understand that if I have a complaint or grievance in regards to the provision or receipt of teletherapy services, I should contact The Parish School at businessoffice@parishschool.org or The Carruth Center's Clinic Director, Mimi Branham, at mbranham@carruthcenter.org. I understand that The Parish School and/or The Carruth Center will review, investigate, and respond to any such complaints.

_____ I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes. The above-mentioned people will all maintain confidentiality of the information obtained. I further understand that I will be informed of their presence in the teletherapy session and thus will have the right to request the following: (1) omit specific details of my medical history/physical examination that are personally sensitive to me; (2) ask non-medical personnel to leave the room; and/or (3) terminate the consultation at any time.

I have read, understand and agree to the information provided above. I have been given the opportunity to ask questions about the appropriateness of telehealth for my child and have any questions about teletherapy services answered. I hereby give my informed consent to participate in the use of teletherapy services for treatment under the terms described herein.

Signature of Parent

Date