



Wake Pediatric Speech Therapy

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Teletherapy Consent Form

During the current COVID-19 public health crisis, Wake Pediatric Speech Therapy, PLLC will offer teletherapy as an option to continue speech therapy services for current clients AND to accept new referrals for all areas of need. This will be provided for the time period that the Center for Disease Control and the North Carolina Department of Health and Human Services continues to recommend social distancing. The health and safety of your child, your family, and our staff is our priority.

Telepractice was approved by the American Speech-Language-Hearing Association (ASHA) as an appropriate method of service delivery in 2005. Telepractice is defined as the application of telecommunications technology to the delivery of speech language therapy and audiology professional services at a distance by linking clinician to client for assessment, intervention, and/or consultation. This means we are able to provide speech therapy services via online platforms in order to provide speech therapy during this time. Your child's speech therapist will join a computer based session at the designated therapy time and would work on the same goals as in the office, home, or daycare where services are typically provided.

It is important to know this service model is only supported by insurances as an approved service during the Coronavirus outbreak in order to protect their patients while also ensuring continued speech therapy services. Teletherapy will not be an ongoing platform for our speech therapy services but rather a way to provide services to our clients during these unprecedented times.

This model of service delivery is supported by the American Speech Language Hearing Association and is payable by many insurance carriers per the Telehealth Enhancement Act of 2017 – H.R.3306, 115th Congress. This mode of speech therapy delivery, when implemented correctly, is noted to have equal outcomes to face-to-face interventions.

By electronically signing and initialing below, I, _____ consent for myself and my child, _____ to engage in teletherapy with Wake Pediatric Speech Therapy, PLLC. I understand that teletherapy includes treatment using interactive audio, video, or data communications.

I understand the following as it relates to the use of teletherapy:

1. I have the right to withhold or withdraw from teletherapy consent at anytime without affecting my right to future care or treatment.
 (electronically initial)

2. There may be risks associated with the use of teletherapy despite reasonable efforts on the part of WPST, that: the transmission of my information could be disrupted or distorted by technical failures, internet outages, network connection difficulties, etc. WPST currently Zoom as a platform for teletherapy.
_____ (electronically initial)
3. I am responsible for:
 - Providing the necessary computer, telecommunications equipment and internet access for my teletherapy sessions.
 - For the information security on my computer
 - For arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy session._____ (electronically initial)
4. I understand it is my responsibility to contact my insurance company or otherwise understand coverage for teletherapy under my policy as it relates to my child's speech therapy. WPST recommends asking the following questions when you contact your insurance representative: 1) Is Teletherapy a covered service for my child's speech therapy? 2) Will the cost be the same as face to face services?
_____ (electronically initial)
5. In the event that insurance does not cover, approve, or reimburse for teletherapy, I understand it is my responsibility to pay for this service. Private pay rates are \$50 per session.
_____ (electronically initial)

I have read, understand, and consent to the information provided above.

Name of Parent/Guardian

Date

Name of Child/Patient