

TELEPRACTICE CONSENT ADDENDUM

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."

This means that we can provide speech therapy services through digital meetings via DePaul University's Zoom Platform. We term this "teletherapy." It is important to know that this service delivery model is supported through the Illinois licensing board and the American Speech-Language-Hearing Association (ASHA). This mode of service delivery, when implemented correctly, is noted to have equal outcomes to face-to-face interventions.

The American Speech-Language-Hearing Association allows student clinicians to provide telepractice services under the guidelines that they are supervised in real-time throughout the session.

I _____ hereby consent to engage in teletherapy with the DePaul University Speech-Language Clinic (DPUSLC).

- I understand that "teletherapy" includes treatment using interactive audio, video, or data communications.
- I understand that teletherapy also involves the communication of my medical information, both orally and visually.
- I understand the following 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.
 - 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 confidential.
 - I understand that there are risks and consequences from teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of DPUSLC, 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. The DPUSLC 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 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 teletherapy session.

Teletherapy has been determined as an appropriate service delivery model for this client. 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. For certain individuals, we ask that an adult facilitator be present in the room for assisting with technical difficulties, or keeping a client on task. Teletherapy may be used as the primary means of service delivery, or may be used in combination with in-person services.

This Informed Consent shall be governed by the laws of the State of Illinois.

By signing below, I indicate that (1) I have received a copy of this privacy policy addendum, (2) and understand its contents.

Signed: _____ **Date:** _____
Signature of Client or Authorized Signature (if client is under 18 or had an appointed guardian for other reasons)

Name of individual signing form (please print)

Relationship to client; if signed by person other than client

EMERGENCY CONTACT INFORMATION:

Client phone number(s) to call if necessary: _____

Additional contact person/phone: _____
(name of additional contact person) (relationship to client) (phone number)

Physical address of site where client will be (to be used for emergency service personnel to reach client in case of emergency):

(street address)

(city)

(zip code)

additional information/directions required to give emergency service personnel
(ex: how to enter residence/access client, specific location directions helpful for emergency personnel, specific medical information that might be helpful)