

UNIVERSITY of HOUSTON

College of Liberal Arts and Social Sciences
Speech-Language-Hearing Clinic

Consent for Telepractice

Telepractice is the delivery of speech language pathology and audiology professional services using interactive technologies (use of audio, video or other electronic communications) between a practitioner and a client/patient who are not in the same physical location. These technologies may include, but are not limited to video, phone, and email. Teletherapy may be used as the primary means of service delivery or may be used in combination with in-person services.

Teletherapy has been determined as an appropriate service delivery model for you. Teletherapy will only be used if it is determined that it continues to be at least as effective as in-person sessions. If teletherapy is not deemed as effective, you will be notified and referred back to in person treatment.

The University of Houston University Speech-Language-Hearing Clinic (“USLHC”) currently uses Zoom for Healthcare to provide teletherapy services.

Technology Requirements: I understand I will need access to, and familiarity with, the appropriate technology in order to participate in the service provided, including access to a telephone OR a computer or mobile device with camera and microphone that is connected to the internet.

Geographical Limitations: I understand that to receive telepractice services from USLHC at the University of Houston I need to be present at a location in Texas while receiving services. Please contact USLHC if you will be located outside of the State of Texas.,

Benefits associated with Telepractice: Telepractice relies on technology, which allows for greater convenience in service delivery. Telepractice allows services to be delivered over greater geographical distances and may make services accessible in certain situations when, for whatever reason, a person is unable to attend in-office visits. Providing speech language pathology and audiology related services through telepractice, particularly when face to face communication is not possible, is supported by federal and state authorities and covered by most insurance carriers.

Risks associated with Telepractice: I understand that there are certain risks and limitations of receiving services through telepractice. These include but are not limited to: the possibility that through no fault of USLHC the technology will fail, or be disrupted or distorted by technical failures before and during the session(s); the transmitted information in any form may be unclear or inadequate for proper use in the sessions(s), and the information could be intercepted by an unauthorized person or persons. In rare instances, despite proper precautions, security protocols could fail, causing a breach of privacy of personal health information.

I understand that my physical environment may impact the effectiveness and confidentiality of my telepractice counseling session(s). 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. For certain individuals, we ask that an adult facilitator be present in the room for assisting with technical difficulties, or keeping a child on task.

Consent for Telepractice continued

Complaints: Any complaints concerning telepractice as a service delivery option may be filed with: https://www.tdlr.texas.gov/Complaints/default_Licensed.aspx

Acknowledgement: I have read this document carefully and fully understand the benefits and risks associated with telepractice. I have had the opportunity to discuss this form with my practitioner and have received satisfactory answers to any questions I may have. I also understand that:

- I have the right to withhold or withdraw consent to telepractice services 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.
- I have been informed and understand the methods and procedures to provide technical safeguards to ensure my child's security and confidentiality involving paper and digital records as well as audio and video data streams specific to the use of telepractice as a service delivery.

_____ I voluntarily consent to participate in telepractice services provided by USLHC.

_____ I voluntarily consent to have my child participate in telepractice services provided by USLHC.

Client Name (Printed)

**Client/Guardian
Signature**

Date