

# Yardley Speech and Language

103 Eton Rd., Yardley, PA 19067

215-428-2777

[www.yardleyspeechandlanguage.com](http://www.yardleyspeechandlanguage.com)

## TELEPRACTICE INFORMED CONSENT FORM

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 service delivery model is supported by the New Jersey and Pennsylvania licensing board and the American Speech-Language and Hearing Association (ASHA). Telepractice is viewed as a mode of delivery of health care services, not a separate form of practice. There are no legal prohibitions to using technology in the practice of speech language pathology, as long as, the practice is done by a Pennsylvania or New Jersey licensed practitioner. The standard of care is the same whether the patient is seen in-person, through telehealth (telepractice) or by other methods of electronically enabled health care.

As such, Yardley Speech and Language (YSL) offers telepractice speech therapy services through the live interactive video conferencing software platform Doxy.me. Our client will connect over the internet by going to Doxy.me online and entering the waiting room link provided to them by YSL. The speech therapist will then admit the client to the meeting when services are ready to be provided. The practitioner and the client will then be able to see and hear each other in real time. The therapist is able to perform diagnostic assessments and provide treatment. Our business agreement with the Doxy.me platform incorporates software security measures that meet HIPPA standards. This is in place to protect the confidentiality of patient identification and data and protect against intentional or unintentional corruption.

1. I understand that "telepractice" includes diagnosis and treatment using interactive audio, video, or data communications. I understand that telepractice also involves the communication of my medical information, both orally and visually.
2. I understand that the standard of care is the same whether the patient is seen in-person or through telepractice and that I will be notified immediately if it is determined that this delivery model is not appropriate for a patient.
3. I have the right to withhold or withdraw consent to participate in telepractice at any time without it affecting my right to future care or treatment but that the care or treatment may not be available through YSL.
4. I understand that healthcare information may be shared with other individuals for the purposes of scheduling, billing, and in implementing a patient's plan of care and that these individuals involved will at all times maintain confidentiality of the information obtained and the laws that protect privacy and confidentiality of medical information equally apply to telepractice.
5. I understand that I am responsible for providing the necessary computer, telecommunications equipment (camera and microphone) and internet access for my telepractice sessions.
6. I understand that for certain patients, an adult facilitator will be required to be present in the room for assisting with technical difficulties, or keeping a patient on task.
7. I understand that I am responsible for arranging a quiet location with sufficient lighting and privacy that is free from distractions or intrusions for the telepractice session to take place in

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## TELEPRACTICE INFORMED CONSENT FORM (continued)

8. I understand that YSL's "payment policy" is the same for telepractice appointments as in-person appointments. YSL does not guarantee any reimbursement by insurance companies. The patient is responsible for the payment of all services at the time they are rendered.
9. I understand that there are benefits, risks, and possible consequences associated with telepractice, including, but not limited to, the possibility, despite reasonable efforts on the part of YSL, 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.

I have read and understand the information provided above and have had my questions answered to my satisfaction.

I have read this document carefully, and understand the risks, benefits, and my rights related to the telepractice and I am hereby electively giving my informed consent to participate, or have my minor child participate, in a telepractice service through Yardley Speech and Language under the terms described herein.

I hereby state that I have read, understood, and agree to the terms of this document.

Patient's Name \_\_\_\_\_  
(Printed)

Your Name \_\_\_\_\_  
(Printed)

Your Signature \_\_\_\_\_

Date \_\_\_\_\_