

# Teletherapy Consent Form

The American Occupational Therapy Association (AOTA) and the American Speech and Hearing Association (ASHA) define Telehealth (the act of providing Telehealth services) as a delivery model for providing health-related services at a distance using telecommunication technology. Telehealth is a broad term that can encompass many aspects of occupational and speech therapy services. It includes “linking clinician to client, or clinician to clinician for the assessment, intervention, and/or consultation” as well as the “application of evaluation, preventative, diagnostic, and therapeutic services via two-way or multipoint interactive telecommunication technology. For speech therapy this service delivery model is supported through the Montana licensing board, the American Speech and Hearing Association (ASHA), and is payable by most insurance carriers per the Telehealth Enhancement Act of 2013- H.R.3306, 113th Congress. For occupational therapy, this service delivery model is supported for use as a modality by Medicaid and most private insurances, due to the state of emergency with COVID-19 outbreak, through the Executive Order 2-2020.

This means that we can provide occupational & speech therapy services through digital meetings similar to the popular communication system “Skype”. While we do not specifically utilize skype for the provision of services, the method of delivery would be similar in nature, however, would fully adhere to the Health Insurance Portability and Accountability Act (HIPAA) in order to protect patient privacy to the best of our abilities. Additionally, this use of teletherapy would be equivalent to the quality of services Moving Mountains Therapy Center provides in-person. The therapist and your child would join a computer-based session at the designated therapy time, and while using an interactive screen share, work on the same materials just as in our clinic, day-cares, or school-settings.

I, \_\_\_\_\_ hereby consent to engage in teletherapy with Moving Mountains Therapy Center, Stack Speech Therapy Group, S-Corp, and Eat.Move.Grow. 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; and
- 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 Moving Mountains Therapy Center, 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 personal health information (PHI) could be accessed by unauthorized persons.

Moving Mountains Therapy 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 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 patient. 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 participate in teletherapy, the child must first participate in an in-person evaluation. 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. Teletherapy may be used as the primary means of service delivery or may be used in combination with in-person services.

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

\_\_\_\_\_  
Client's Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client or Responsible Party Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinician Signature

\_\_\_\_\_  
Date

