**SPEECH AND LANGUAGE TELEPRACTICE CONSENT FORM**

According to the American Speech/Language and Hearing Association (ASHA), “**Telepractice** is the application of telecommunications technology to the delivery of speech language pathology and audiology professional services at a distance by linking clinician to client or clinician to clinician for assessment, intervention, and/or consultation”. In New Jersey, telepractice is permitted for New Jersey state licensed Speech/Language Pathologists. Providers are expected to adhere to the same requirements as for in person therapy and purpose and expected outcomes of therapy are consistent with in person therapy.

Telepractice can include direct services which means direct, interactive activities with the therapy recipient and/or parent/caregiver/communication partner coaching. These services can be provided through a variety of technological platforms.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to engage in

Speech/Language Telepractice sessions. I understand the following:

1. It is my responsibility to have all necessary technology and materials recommended by the therapist available for the session.
2. It is my responsibility to provide a quiet space with limited distractions and adequate internet access for the session.
3. It might be necessary for a facilitator to be present with the client during the session. This will be at the therapist’s discretion and will be made clear to me prior to the session.
4. Everything possible will be done to secure the privacy of the session; however, there are inherent risks to telepractice, including, but not limited to, the possibility, that despite reasonable efforts 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.
5. The clinician will be providing services from a private area, with a closed door.
6. I have the right to withdraw my consent at any time.

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Parent/Guardian Signature Date