



Chie Boyer, speech therapist
MA, CCC-SLP
www.cbspeechpath.com
(580) 360-3100 x 100

Teletherapy Informed Consent Form

Before beginning teletherapy, there are a few housekeeping things to make sure everyone involved is in good standing in the eyes of the law.

Please read the following statements carefully. When you have a question, please don't hesitate to ask me. It is important to me that you understand everything before you sign.

— American Speech-Hearing Association (ASHA, a federal licensing body for American Speech therapists and Audiologists) defines “teletherapy” or “telepractice” as the application of telecommunications technology to the delivery of speech language pathology professional services at a distance by linking clinician to client for assessment, intervention, and/or consultation of my medical health information, both orally and/or visually.

— State of Oklahoma defines “teletherapy” as below (OAC 317:30-3-27);

"Telehealth" means the practice of health care delivery, diagnosis, consultation, evaluation and treatment, transfer of medical data or exchange of medical education information by means of a two-way, real-time interactive communication, not to exclude store and forward technologies, between a patient and a health care provider with access to and reviewing the patient's relevant clinical information prior to the telemedicine visit. Telehealth shall not include consultations provided by

telephone audio-only communication, electronic mail, text message, instant messaging conversation, website questionnaire, nonsecure video conference, or facsimile transmission.”

- Chie Boyer, MA, CCC-SLP will use terms “teletherapy,” “telepractice,” and/or “online therapy” in reference to the service rendered by her.

- I am aware that Chie Boyer, MA, CCC-SLP is located in the state of Oklahoma, USA, which obligates her to abide by laws, rules and regulations put forth by both ASHA, the state of Oklahoma, and prospective patients’ local state/country.

- I understand that Chie Boyer, MA, CCC-SLP will locate and transmit a copy of appropriate state/country law documents before beginning teletherapy. It is assumed that such documents will be in English. The patient is responsible to review it carefully to obtain full understanding of its content. It is the patient’s responsibility to obtain translation into his/her language of such documents when necessary.

- The services may include initial, final and periodical assessment and/or treatment. I realize that results obtained through speech therapy cannot be guaranteed legally, verbally, in implication, or any other sense, as prohibited by ASHA’s Codes of Ethics.

- I have the right to withhold or withdraw consent to participate in treatment at any time without affecting my right to future care or treatment.

- I understand that the standard of care provided through teletherapy will be comparable to in-person therapy as stated by ASHA. It is understood that Chie Boyer, MA, CCC-SLP will both verbally and in writing inform the patient when teletherapy by her is deemed inappropriate therapy delivery model.

- I have received a copy of HIPAA and understand my rights. I understand that it is applicable to teletherapy. I also understand that teletherapy involves the communication of my medical health information both verbally and/or visually. All information shared and/or discussed with

Chie Boyer, MA, CCC-SLP is confidential, except when abuse and/or neglect involving any party is suspected.

- ___ I am aware that Chie Boyer, MA, CCC-SLP currently provides teletherapy services using VSee, an online teletherapy platform. I am further aware that I am responsible for providing my own technology (e.g., computer, laptop, tablet, etc.) for telepractice sessions.

- ___ I understand that Chie Boyer, MA, CCC-SLP has put forth appropriate effort to ensure patient privacy by use of encrypted transmission methods. I accept that in spite of her best efforts for prevention, there are risks and consequences associated with using an online platform, including but not limited, to the possibility of transmission of my personal information by unforeseen and unpreventable technical failures. The transmission of my information could also be interrupted by unauthorized persons. I understand that Chie Boyer, MA, CCC-SLP will notify me in writing as soon as possible.

- ___ I understand that if the patient is a minor or an adult with a diminished mental capacity, an adult caregiver will be available and easily accessible at all times to assist with technology, materials, and behavior.

- ___ I understand that I am responsible for creating a quiet, well-lit, least easily disruptible and private environment for each telepractice session.

- ___ I understand that Chie Boyer, MA, CCC-SLP will submit claims to insurance companies for payment. Payments by insurance company cannot be guaranteed. If my insurance company does not cover telepractice, I am responsible for the payment to Chie Boyer, MA, CCC-SLP.

- ___ I accept that Chie Boyer, MA, CCC-SLP will not be held legally responsible to provide emergency services.

I, _____, hereby voluntarily and freely consent to all of
print name
the above. My questions have been answered to my satisfaction by Chie Boyer, MA, CCC-SLP.

