



Consent to Treat Via Teletherapy

At Speech Matters, LLC we strive to provide you with a model of care that allows our clients to maximize their potential for progress. In extreme and/or extenuating circumstances, Speech Matters, LLC will serve its clients through Telepractice if the client's treating provider is trained and certified.

As defined by the Massachusetts Board of Registration for Speech-Language Pathology and Audiology, "Telepractice" and "telepractice services" mean the application of telecommunication technology to deliver speech-language pathology or audiology services as defined by G.L. c. 112, § 138, but not including initial assessment of clients, using audio-visual mechanism in real-time (synchronous), stored and recorded sessions (asynchronous), or a combination of real-time and recorded sessions (hybrid models).

"Telepractitioner" means a speech-language pathologist or audiologist who provides telepractice services after obtaining the initial training as outline in the Telepractice State Licensure Board Requirements.

By signing this consent to receive teletherapy, you hereby acknowledge and agree to the following:

1. I have the right to withhold or withdraw my consent, in writing, at any time without affecting my right to future care or treatment.
2. The laws that protect the confidentiality of my medical information (HIPAA) also apply to teletherapy, as do all other applicable Company policies, e.g. Payment Agreement.
3. I understand that there are certain unavoidable risks associated with engaging in teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of Company, 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.
4. In addition, I understand that teletherapy based services and care may not be as complete as face-to-face services. Should the Company, in consultation with the client's treating provider, make a clinical judgement that teletherapy services are not effective, the Company reserves the right to discontinue teletherapy in accordance with "best practice" standards and refer the client to "face-to-face" therapy services.

5. I understand that I may benefit from teletherapy, but that results cannot be guaranteed or assured.
6. If I have concerns regarding teletherapy, I will direct my concerns, in writing, to info@speechmattersma.com.
7. I understand that I am responsible for: (1) Providing the necessary computer, telecommunications equipment and internet access for my teletherapy sessions, (2) Ensuring 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.

In consideration for the professional services rendered to me or my child, by Speech Matters, LLC, I acknowledge receipt of and agree to the therapy policies of Speech Matters, LLC outlined above.

Patient

Date

Parent/Guarantor