

## Teletherapy Services Consent Form

Child's Name: \_\_\_\_\_

We have received special permission from the Tri-alliance to provide Teletherapy services to our clients during the **COVID-19 (coronavirus) pandemic**. This means we will be able to continue to see your child for their therapy sessions, via "video chat" only until the pandemic has subsided. If you would like for us to continue with your child's sessions during this time, please review the information below and give your consent.

### **Informed Consent for Teletherapy Services**

- I understand that teletherapy is the use of electronic information and communication technologies by a healthcare provider used to deliver services to an individual when he/she is located at a different location or site than I am.
- I understand that the teletherapy visit will be done through a two-way video link-up. The therapist will be able to see my image on the screen and hear my voice. I will be able to hear and see the therapist.
- I understand that the laws that protect privacy and the confidentiality of medical information including (HIPPA) also apply to teletherapy.
- I understand that I will be responsible for any copayments or coinsurances that apply to my teletherapy visit.
- I understand that I have the right to withhold or withdraw my consent to the use of teletherapy in the course of my care at any time, without effecting my right to future care or treatment.
- I understand that by signing this form that I am consenting to receive therapy services via teletherapy.

**Parent/Guardian Signature:**

\_\_\_\_\_

**Printed Name:**

\_\_\_\_\_

**Signature Date:** \_\_\_\_\_