

**Disclaimer:**

The content of the document, *Informed Consent for Speech-Language Pathology Services via Telepractice*, was developed by the Telepractice Committee in 2018 for the purpose of providing a guidance tool for practitioners. Having a record of review and consent is strongly recommended prior to providing telehealth services. The document is a sample only and not intended to be a legal document for compliance validation. Practitioners and management companies are encouraged to generate a document specific to their needs and legal requirements.

Sample

### **Informed Consent for Speech-Language Pathology Services VIA Telepractice**

I have been informed and understand the assessment and results of the assessment required for the determination of my child's candidacy for telepractice as a delivery option for speech-language pathology services.

I have been informed and understand that my child has been determined to be a good candidate or good candidate with accommodations for telepractice as a service delivery option for speech-language pathology services.

I have been informed and understand the risks and benefits of telepractice as a delivery option for speech-language pathology services.

I have been informed and understand the details of the proposed speech and language intervention program via telepractice designed for my child, including but not limited to the time, frequency, and duration of the service, the individuals involved in the delivery of services, the location and equipment involved in the service, and the method of reporting intervention success or failure.

I have been informed and understand the methods and procedures to provide technical safeguards to ensure my child's security and confidentiality involving paper and digital records as well as audio and video data streams specific to the use of telepractice as a service delivery.

I have been informed and understand that I have the option to refuse telepractice as a service delivery option as well as instructions to file and resolve complaints concerning telepractice as a service delivery option.

I have read and understand this Informed Consent Form and have had the opportunity to discuss it with a Texas-licensed speech-language pathologist.

I consent to my child receiving speech language services via telepractice from a Texas-licensed speech-language pathologist.

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Signature of Parent/Legal Guardian

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Date