



### Teletherapy Consent Form

Blast Off Children's Therapy Services, Inc. offers teletherapy services for speech therapy, occupational therapy, and physical therapy through live interactive video conferencing for those children who are unable to come into the clinic for in person visits. Blast Off will contact the client's caregiver to schedule sessions.

1. I understand that teletherapy includes diagnosis and treatment using interactive audio, video, or data communications. I understand that teletherapy also involves the communication of my medical information, both verbally and visually.
2. I understand that the standard of care is the same whether the patient is seen in-person or through teletherapy and that I will be notified immediately if it is determined that this delivery model is not appropriate for my child.
3. I have the right to withhold or withdraw consent to participate in teletherapy at any time without it affecting my right to future care or treatment.
4. I understand that healthcare information may be shared with other individuals for the purposes of scheduling, billing, and in implementing a patient's plan of care and that these individuals involved will at all times maintain confidentiality of the information obtained and the laws that protect privacy and confidentiality of medical information equally apply to teletherapy.
5. I understand that I am responsible for providing the necessary computer, telecommunications equipment (camera and microphone) and internet access for my teletherapy sessions.
6. I understand that there are benefits, risks, and possible consequences associated with teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of Blast Off Children's Therapy Services, Inc., 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.

I have read this document carefully, and understand the risks, benefits, and my rights related to the teletherapy and I am hereby electively giving my informed consent to participate in teletherapy through Blast Off Children's Therapy Services, Inc. under the terms described herein. I hereby state that I have read, understood, and agree to the terms of this document.

Name of Client: \_\_\_\_\_

Signature of Caregiver: \_\_\_\_\_ Date \_\_\_\_\_