

The American Speech and Hearing Association (ASHA) defines telepractice (the act of providing Telehealth services) as "the application of telecommunications technology to delivery of professional services at a distance by linking clinician to client, or clinician to clinician, for assessment, intervention, and/or consultation." The therapist and the client would join a computer-based session at the designated therapy time, and would work on the same goals as in the office. We term this "teletherapy."

Northern Michigan University Speech and Hearing Clinic is currently using Zoom for teletherapy services. While Zoom is HIPAA compliant, any internet-based communication is not 100% guaranteed to be secure/confidential. I agree that Northern Michigan University Speech and Hearing Clinic should not be held responsible if any outside party gains access to Zoom's personal or confidential information by bypassing their security measures.

It is important to know that this service delivery model is supported through the Michigan licensing board and the American Speech-Language- Hearing Association (ASHA). This mode of service delivery, when implemented correctly, is noted to have equal outcomes to face-to-face interventions.

There are measures that you, as our client, can take to increase security including: Ensuring that you are using a computer in a private room/area with the door closed, and if possible, using some type of sound blocking device. When possible, connecting to the internet directly as opposed to using WiFi helps with transmission and security. Make sure to turn Zoom off, not just disconnect from the call, when the session is over.

I \_\_\_\_\_ hereby consent to engage in teletherapy with Northern Michigan University. I understand that "teletherapy" includes treatment using interactive audio, video, or data communications. I understand that teletherapy may also involves the communication of my medical information, both orally and visually, if needed.

I understand the following with respect to teletherapy:

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

The laws that protect the confidentiality of my medical information also apply to teletherapy. As such, I understand that the information disclosed by me during the course of my therapy or consultation is confidential.

I understand that there are risks and consequences from teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of Northern Michigan University 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 understand that I am responsible for (1) providing the necessary computer, telecommunications equipment and internet access for my teletherapy sessions, (2) the 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.

Teletherapy has been determined as an appropriate service delivery model for this patient. Teletherapy will only be used if determined to be at least as effective as in-person treatment. If teletherapy is not deemed as effective, you will be notified and referred back to in-person treatment when available.

For certain individuals we might ask that an adult facilitator be present in the room for assisting with technical difficulties, or keeping a client on task.

I have read, understand and agree to the information provided above.

Client's Name: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_