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## NeurogenicSS Telepractice Consent Form

Telepractice is the delivery of therapy services using distance technology, typically computers, when the clinician and patient are not in the same physical location.

### POTENTIAL BENEFITS:

- Allow for remote therapy services either by choice or when in-person services are not available.
- Provide education and support to caregivers to foster carryover.
- Allow for greater convenience for all parties and reduction of cancellations.

### POTENTIAL RISKS:

As with any service, there may be potential risks associated with the use of telepractice. These risks include, but may not be limited to:

- Quality and strength of Internet connection. Connection may vary and/or may not be sufficient for high-quality video and audio to allow for effective interaction.
- Security protocols of the Internet-based programs could fail, causing a breach of privacy of confidential clinical/medical information.

By signing this form, I understand and agree with the following:

- The laws that protect the privacy and confidentiality of health information also apply to telepractice. Information obtained during telepractice sessions will not be given to anyone without my consent.
- As with any Internet-based communication, I understand that there is a risk of security breach.
- I have the right to withhold or withdraw my consent to the use of telepractice.
- I have the right to inspect any information obtained and/or recorded through telepractice.
- I may expect the anticipated benefits from the use of telepractice, but I understand that no results can be guaranteed.
- I have read and understand the information provided above regarding telepractice, and all of my questions have been answered to my satisfaction.
- I hereby consent to the use telepractice in the provision of speech therapy services.

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Name of Patient

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Date

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Signature

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Signature of Witness/Relationship to Patient