



CONSENT FOR TELETHERAPY

Patient Name: _____ **Date of Birth:** _____

I, _____, the parent or guardian of the above-named patient, hereby consent for my child to engage in teletherapy with Therapy Station. I understand that “teletherapy” includes treatment using interactive audio, video, or data communications including emails and text messages. I understand that teletherapy also involves the communication of my child’s medical information, both orally and visually.

I understand that there are risks and consequences from teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of Therapy Station, 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 child’s teletherapy sessions, (2) the information security on my computer, (3) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my child’s teletherapy session, (4) being present in the room to assist with technical difficulties or to keep my child on task, (5) for early intervention services, the parent/guardian or caregiver will participate in the teletherapy session as required.

I have read and understand the above information. I acknowledge by signing below, I hereby accept the terms and conditions and give consent for my child to receive Teletherapy services.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Name (printed): _____