

# Occupational Therapy Telehealth Consent Form

This consent form outlines information regarding your participation in occupational therapy services provided via telehealth. Please read the following information carefully and provide your consent below.

## 1. Purpose

## 2. Nature of Telehealth

## 3. Benefits and Risks

## 4. Confidentiality

## 5. Rights

## 6. Consent

I acknowledge that I have read and understood the information above regarding telehealth occupational therapy services. I have had my questions answered and consent to participate in telehealth sessions.

Client Name

Parent/Guardian Name (if applicable)

Date

Signature

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