

# Speech Therapy Telehealth Consent Document

This consent form is intended to inform you about speech therapy services delivered remotely (telehealth). Please carefully read the information below before signing.

## 1. Telehealth Description

Telehealth involves the use of audio, video, or other electronic methods for speech therapy sessions, providing care when you and your clinician are not in the same location.

## 2. Potential Benefits

- Access to services that might not otherwise be available.
- Continuity of care with your provider.
- Reduced travel time and related costs.

## 3. Potential Risks

- Services may be disrupted or distorted by technical failures.
- In rare cases, security protocols could fail and result in a breach of privacy.

## 4. Confidentiality

Reasonable measures will be taken to ensure confidentiality, but telehealth may carry risks that are different from in-person sessions.

## 5. Consent and Agreement

By signing below, you acknowledge that you have read and understand this consent document and agree to receive speech therapy services through telehealth.

**Client Name**

**Parent/Guardian Name (if applicable)**

**Date**

**Signature**