

Remote Speech Therapy Consent Form

Client Information

Client Name

Date of Birth

Parent/Guardian Name

Phone Number

Email Address

Consent Acknowledgement

☐ I understand that remote (teletherapy) speech therapy sessions will be provided. ☐ I agree to participate in speech therapy using secure audio and/or video technology. ☐ I understand that all client information will be kept confidential as required by law. ☐ I acknowledge I can withdraw my consent at any time by notifying my therapist. ☐ I understand the risks and limitations of teletherapy, including possible technical issues.

Questions or Concerns

If you have any questions or concerns regarding remote speech therapy, please specify:

Consent and Signature

Signature (Type Full Name)

Date

