SUPREME SPEECH
THERAPY FOR ADULTS

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Supreme Speech Therapy Consent to Treat Via Teletherapy

At Supreme Speech Therapy we strive to provide you with a model of care that allows our clients to maximize their potential for progress. In extreme and/or extenuating circumstances, Supreme Speech Therapy will serve its clients through Telepractice.

By signing this consent to receive teletherapy, you hereby acknowledge and agree to the following:

1. I understand that telemedicine is the use of electronic information and communication technologies by a healthcare provider to deliver their services similar to an in-person office/home visit, whereas an individual located at a different site than the provider; and I hereby consent to Supreme Speech Therapy and its associated healthcare providers to providing healthcare services to me via telemedicine.

2. I understand that telehealth visits incorporate both teletherapy visits and follow up e-visit communications for continuity of care. Both, if applicable under their definitions, I am consenting to receiving.

3. I understand that the laws that protect privacy and confidentiality of medical information also apply to teletherapy. As always, my insurance carrier will have access to my medical records for quality review/audit.

4. I understand that I will be responsible for any copayments, coinsurances, and financial obligations that apply to my telemedicine visits as it is a billable service and reimbursable by my insurance carrier, if applicable.

5. I have the right to withhold or withdraw my consent, in writing, at any time without affecting my right to future care or treatment.

6. The laws that protect the confidentiality of my medical information (HIPAA) also apply to teletherapy.

7. I understand that I am responsible for: (1) Providing the necessary computer, telecommunications equipment and internet access for my teletherapy sessions, (2) Ensuring information security on my computer, and (3) Arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy session.

8. If I have concerns regarding teletherapy, I will direct my concerns, in writing, to heather@supremespeechtherapy.com. In consideration for the professional services rendered to me, by Supreme Speech Therapy, I acknowledge receipt of and agree to the therapy policies of Supreme Speech Therapy outlined above.

Patient Name _____ Patient Signature_____ Date_____