

Due to the current health crisis Let's Talk Speech and Language Therapy will be offering telepractice speech therapy services through a HIPAA compliant live interactive video conferencing software platform. Our clients will connect over the internet by entering the meeting ID provided to them by their clinician via email invite. The speech therapist will then admit the client to the meeting when services are ready to be provided. The practitioner and the client will then be able to see and hear each other in real time. The therapist is able to perform diagnostic assessments and provide treatment. Our business agreement with the platform incorporates software security measures that meet HIPAA standards. This is in place to protect the confidentiality of patient identification and data and protect against intentional or unintentional corruption.

1. I understand that "telepractice" includes diagnosis and treatment using interactive audio, video, or data communications. I understand that telepractice also involves the communication of my medical information, both orally and visually.
2. I understand that the standard of care is the same whether the patient is seen in-person or through telepractice and that I will be notified immediately if it is determined that this delivery model is not appropriate for a patient.
3. I have the right to withhold or withdraw consent to participate in telepractice at any time without it affecting my right to future care or treatment but that the care or treatment may not be available through Let's Talk.
4. I understand that healthcare information may be shared with other individuals for the purposes of scheduling, billing, and in implementing a patient's plan of care and that these individuals involved will at all times maintain confidentiality of the information obtained and the laws that protect privacy and confidentiality of medical information equally apply to telepractice.
5. I understand that I am responsible for providing the necessary computer, telecommunications equipment (camera and microphone) and internet access for my telepractice sessions.
6. I understand that for certain patients, an adult facilitator will be required to be present in the room for assisting with technical difficulties, or keeping a patient on task.
7. I understand that I am responsible for arranging a quiet location with sufficient lighting and privacy that is free from distractions or intrusions for the telepractice session to take place to the best of my abilities during the current circumstances.
8. I understand that Let's Talk's "payment policy" is the same, as outlined in the CLIENT CONTRACT, for telepractice appointments as in-person appointments. Let's Talk does not guarantee any payment by insurance companies. The patient is ultimately responsible for the payment of all services rendered, in the event that insurance does not cover the services or a deductible/copayment/coinsurance is due. Let's Talk will bill contracted insurance companies for services rendered. It is each patient's responsibility to call their insurance company and be aware of the coverage and limitations of their own plans. Any authorized credit cards on file will be billed for patient balances.
9. I understand that there are benefits, risks, and possible consequences associated with telepractice, including, but not limited to, the possibility, despite reasonable efforts on the part of Let's Talk, that: the

Let's Talk Speech and Language Therapy Services, LLC.

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 have read this document carefully, and understand the risks, benefits, and my rights related to the telepractice and I am hereby electively giving my informed consent to participate in a telepractice service through Let's Talk under the terms described herein.

I hereby state that I have read, understood, and agree to the terms of this document.

Name_____ Date_____