



Informed Consent for Telehealth through TheraPLACE Learning Center

Telehealth is the delivery of healthcare services using technology when the healthcare provider and patient are not in the same physical location. Our healthcare providers include occupational therapists, physical therapists, and speech and language pathologists.

Electronically transmitted information may be used for evaluation, treatment, follow-up, and/or patient education, and may include any of the following:

- Medical records;
- Medical images;
- Interactive audio, video, and/or data communications; and/or
- Output data from medical devices, sound and video files.

Security software and protocols are employed to protect the confidentiality of patient information and imaging data. Safeguard measures include protecting against intentional or unintentional corruption. TheraPLACE may use either of the following services to provide telehealth sessions:

1. Doxy.me (a secure, encrypted, HIPAA compliant platform)
2. Zoom

Potential Patient Benefits:

1. Improving access to OT, PT, and SLP services when patients are unable to come to in person sessions at TheraPLACE.
2. Follow up with therapists to improve carry over and progress with recommended home program activities.

Potential Patient Risks: As with any therapeutic procedure, there may be potential risks associated with the use of telehealth. These risks may include, but may not be limited to:

1. Information transmitted may not be sufficient (e.g., poor resolution of images) to allow for appropriate medical decision making by therapist.
2. Delays in evaluation and treatment could occur due to deficiencies or failures of the equipment.
3. Security protocols could fail, causing a breach of privacy of confidential medical information.
4. A lack of access to complete medical records may result in errors.

By signing this form, the patient understands and agrees to the following:

1. The laws that protect the privacy and confidentiality of medical information also apply to telehealth. Information obtained during a telehealth encounter, which identifies patient, should not be disclosed to any third party without patient's consent, except for the purposes of treatment, payment, and healthcare operations.
2. Telehealth may involve electronic communication of patient's confidential medical information to other medical providers who may be located in other areas, including out-of-state.
3. Patient understands that individuals other than treating therapist may also be present and have access to patient's medical information during the consultation in order to operate the video equipment, should such equipment be utilized.

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4. Patient has the right to withhold or withdraw consent to the use of telehealth during the course of care at any time. Patient understands that withdrawing consent will not affect any future care or treatment, nor will it subject patient to the risk of loss or withdrawal of any health benefits to which the patient is entitled.
5. Patient has the right to inspect all information obtained and recorded during the course of a telehealth interaction and may obtain copies of this information for a reasonable fee. Such inspection and copying of records shall be subject to TheraPLACE Learning Center’s policies and procedures.
6. Patient may expect anticipated benefits from the use of telehealth in patient’s care, but no results can be guaranteed.
7. Patient understands that the patient’s condition may require a referral to a specialist for further evaluation and treatment.
8. A variety of alternative methods of medical care may be available to patient, and the patient may choose one or more of these at any time.
9. Therapists will continue to respond to email messages through their TheraPLACE Learning Center email accounts. Therapists will confirm with patient families participating in telehealth services to determine their preferred methods of communication (phone call, email, text messages, etc.) prior to telehealth sessions. If a telehealth session needs to be rescheduled or cancelled on short notice, therapists will contact families via their preferred method of communication first, however may follow up with additional methods of communication to ensure that the message is received.
10. Front office staff may also contact clients who are participating in telehealth sessions during this time.
11. Clients may communicate with their treating telehealth therapist at any time via email. Telehealth therapists will provide their TheraPLACE Learning Center email address to all telehealth clients. Electronic communications will not be stored anywhere other than TheraPLACE Learning Center email accounts.
12. Clients choosing to participate in telehealth services may elect to discontinue these services at any time, by informing their treating telehealth therapist. They may also contact Emily Moscoe, clinical director, at emilym@theraplacelarning.com.

The treating therapist has explained the alternative care methods to the patient’s satisfaction.

The patient or legal guardian has read and understands the information provided above regarding telehealth, has discussed it with the treating therapist, and all questions have been answered to patient’s satisfaction.

The patient hereby gives their informed consent for the use of telehealth in their medical care.

I hereby consent to and authorize TheraPLACE Learning Center to use telehealth in the course of my diagnosis and treatment.

Parent or legal guardian signature: _____ Date: _____

Relationship to patient: _____ Print patient’s (child’s) name: _____

I have been offered a copy of this consent form (initials) _____