



ALLISON THERAPEUTICS, LLC

Telehealth Virtual Therapy Protocols

Quality of Care

Virtual therapy opportunities will be offered to patients on an individual basis if it is deemed appropriate by determining that the patient's therapy goals are able to be addressed in a virtual setting and do not require tactile stimulation.

Feeding therapy for swallowing function will not be administered via telehealth communication.

Therapy via tele-communication will utilize live audio/video via Google Meet platform which offers HIPAA-compliant interactions.

Patient Confidentiality

All sessions are individual interaction with one-to-one SLP-child. SLP will be in private workspace and not in public area. Therapy activities will be specific for the patient. No use of names and identifying information will be available for others to see.

Therapy notes and quarterly reports will continue as is customary.

Consent Form for Telehealth Services

I, _____ (parent), give permission for my child, _____, to participate in telehealth sessions to continue Speech-Language therapy sessions with his/her primary provider. I understand that this session is confidential and HIPAA compliant on the Google Meet platform. I will access the session for my child and may participate in session.

Signed, _____

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