



The Speech & Language Connection
Pamela L. Beaumont, M.S., CCC-SLP

**SPEECH AND LANGUAGE TELETHERAPY AGREEMENT AND INFORMED
CONSENT**

1. I understand that speech and language therapy services will be provided in an online “teletherapy” format. Teletherapy includes a combination of consultation, evaluation, treatment, transfer of data, texts, emails, telephone conversations, and education using audio, visual, and data communications.
2. I understand that consent for the provision of teletherapy services is optional, but that side-by-side, in person services are no longer available at The Speech & Language Connection.
3. I understand that the online platform being used is HIPAA compliant. I also understand that the current platform being used is GoToMeeting, but this platform may be changed to another HIPAA compliant platform from time to time (without the need of additional written consent). I understand that the student/client will log into the HIPAA compliant platform from a computer using a specific online link and an access code provided by the clinician.
4. I understand that the student/client will need to log in using a desktop or laptop computer. Please note that Chromebooks do not function well with the teletherapy format because the remote-control features do not work, and that phones and tablets are not suitable devices for online speech and language teletherapy services. I understand that a sufficient internet connection, webcam, and speakers (or a headset) are required and that the student/client must have the webcam turned on at all times. I understand that a designated “support person” will need to remain with the student/client at the site he/she logs in from for the entire duration of the online session to address any technical or behavioral issues that may arise.
5. If the student/client is logging in from a school setting (or home setting), I understand that school personnel (or designated caretakers) shall retain sole responsibility for the student/client, as well as the control and supervision of the online services. I also understand that Pamela Beaumont, M.S., CCC-SLP reserves the right to refuse services to any student/client who she deems as a risk to her personal safety, refuses to participate appropriately, disrupts the learning of others, or conflicts with her professional judgment. If any discipline problems arise during the scheduled online therapy sessions, it is the responsibility of on-site school personnel (or designated caretakers) to handle them immediately.
6. I understand that not all students/clients are good candidates for teletherapy services. If situations arise that indicate the student/client is not, or is no longer, an acceptable candidate for teletherapy services, the student/client, student’s/client’s guardians (or designated caretakers), and school administrators (if applicable) will be informed in writing by the clinician.
7. I understand that the student/client must log in from a state where the clinician is licensed (currently FL, CA, WA, MA, GA, CO, and HI). If the student/client is going to travel outside of those state limits, it is the student’s/client’s, guardian’s (or designated caretaker’s), and/or school

administrator's responsibility to inform the clinician because teletherapy services cannot legally be provided in states that the clinician is not licensed in.

8. I understand that while email (and texts) may be used as a form of communication with the clinician, confidentiality of emails (and texts) cannot be guaranteed due to complexities and abnormalities involved with the Internet including, but not limited to, viruses, malware, cyber-attacks, and other involuntary intrusions that have the ability to obtain and disseminate information you wish to keep private. I understand the written consent is required to use email and texts as a form of communication.

9. I have read and understand this informed consent form and have had the opportunity to discuss it with the Pamela Beaumont, M.S., CCC-SLP and/or the designated school administrator (if appropriate).

10. I consent to my child receiving online speech and language teletherapy services from Pamela L. Beaumont, M.S., CCC-SLP, a licensed and properly credentialed clinician.

Signature of Student/client (if applicable): _____ **Date:** _____

Signature of Parent/Legal Guardian: _____ **Date:** _____

Signature of School Administrator: _____ **Date:** _____

CONSENT FOR EMAILING AND TEXTING

I authorize Pamela L. Beaumont, M.S., CCC-SLP (DBA: The Speech & Language Connection) to: send and receive texts and emails to the phone number/email address listed above regarding the above-named client. Permission is granted for texting/emailing reports, updates/progress regarding speech therapy sessions, recommendations, reminders and information regarding therapy appointment dates, times, changes and cancellations.

Allowed Email Addresses:

Allowed Phone Numbers for Texting:

Allowed Phone Numbers for Calling:

Name of on-site, designated "support person" (more than one person may be listed):

Emergency contact and phone number:

Signature of Parent/Legal Guardian: _____ **Date:** _____

Signature of Client: _____ **Date:** _____

(if 18 years of age or older)

CONSENT FOR AUDIO AND/OR VIDEO RECORDING OF INFORMATION

I authorize Pamela L. Beaumont, M.S., CCC-SLP (DBA: The Speech & Language Connection) to: audio and/or video record online speech and language therapy/evaluation sessions for evaluation purposes and/or behavioral observations regarding the student/client. Audio and/or video recordings will be deleted once the written evaluation report has been submitted and the eligibility and/or results meeting has taken place.

Signature of Parent/Legal Guardian: _____ Date: _____

Signature of Client: _____ Date: _____

(if 18 years of age or older)