

LICENSED PROVIDER NAME: _____ PATIENT NAME: _____
DATE PATIENT CONSENTED: _____ PATIENT EMAIL: _____
DATE OF BIRTH: _____
MRN: _____

**CONSENT FOR SPEECH-LANGUAGE PATHOLOGY TELEPRACTICE SERVICES BY THE
UNIVERSITY OF HAWAII SPEECH AND HEARING CLINIC (UHSHC)**

REASON FOR TELEPRACTICE SERVICES:

Your speech-language pathologist (SLP) provider has arranged for you to receive speech-language pathology telepractice services. Your provider has determined that telepractice services through videoconferencing are an appropriate way to deliver speech-language pathology services to you at this time.

DESCRIPTION OF SPEECH-LANGUAGE PATHOLOGY TELEPRACTICE SERVICES:

Telepractice (also known as Telehealth and Teletherapy) is the delivery of speech-language pathology services through the use of technology when your SLP and you (the patient) are not in the same location. Speech-language pathology telepractice services may include evaluation, treatment, patient and/or family education and consultation.

Your SLP will communicate with you through videoconferencing. You will be taught how to use videoconferencing technology to communicate and interact with your SLP. The SLP may require that an adult facilitator be present in the room with you to assist with technical difficulties, or to participate in, or assist with a task to enhance or enrich the learning experience for the patient.

Your SLP is on faculty at the University of Hawai'i and provides clinical supervision to graduate students in training. These graduate students interact regularly with their supervisors to maintain and enhance the standard of care and may provide you with diagnostic and intervention services.

Telepractice will only be used if determined to be at least as effective as in-person services. If telepractice is not deemed as effective, you will be notified and referred back for in-person services in the UHSHC.

ANTICIPATED BENEFITS OF TELEPRACTICE SERVICES:

- Improved access to speech-language services allows you to remain in a different location from your SLP during a session between the two of you.
- Provision of care in your naturalistic environment (i.e., home) increases your opportunities to participate in communicative interactions in daily activities, incorporating personalized supports and barriers.

POTENTIAL RISKS OF TELEPRACTICE ENCOUNTERS:

As with any health care procedure, there are potential risks with the use of telepractice. These risks include, but may not be limited to:

- Security protocols could fail, causing a breach of privacy of your personal medical information.
- Telepractice equipment may be deficient or fail, causing delays in your speech-language evaluation and treatment.
- In rare cases, information transmitted may not be sufficient (for example, poor resolution of images or audio signals) to allow for appropriate clinical decision-making by your SLP.

CONFIDENTIALITY:

During the telepractice encounter, you will be told who is in the room with the SLP. Your privacy and confidentiality will be protected, except for any release of information to your facilitator, if any, while he or she is in the room with you.

The laws that protect privacy and confidentiality of medical information also apply to telepractice. No information obtained during a telepractice encounter that identifies you will be disclosed to researchers or other entities without your consent.

Electronic systems used will have network and software security protocols to protect the confidentiality of your health information. The electronic systems will have measures to safeguard the data and ensure its integrity against intentional or unintentional corruption.

COSTS OF TELEPRACTICE ENCOUNTER

The costs of the telepractice encounter will be billed to you and/or your insurance carrier. You are responsible for any outstanding balance.

AVAILABILITY OF ALTERNATIVE SERVICES:

You do not have to agree to the use of telepractice services. You may seek speech-language pathology services where you might have in-person contact with the SLP or you may resume in-person therapy once the nationwide public emergency has resolved.

You also have the right to withdraw consent at any time without affecting your right to future care or treatment in the UHSHC.

QUESTIONS:

You may contact your SLP for any questions or concerns about telepractice services that you receive.

PATIENT CONSENT FOR USE OF TELEPRACTICE:

I certify that I have read and understand the information on this informed consent form and that I have discussed the information with my health care provider. By signing or verbally giving my consent, I give informed consent for the use of telepractice in my health care.

- My health care provider has explained the reason, description, anticipated benefits, potential risks, and alternatives to me, and I understand this explanation.
- I understand that the telepractice encounter may be a one-time occurrence and that treatment and follow-up will remain the responsibility of my provider.
- I understand that specific procedures may require additional informed consent from me.
- I understand that there are no guarantees with telepractice.
- I have been given an opportunity to ask questions, and all such questions have been answered to my satisfaction.

If patient verbally consented and signature not able to be obtained, then check here

Patient or Legal Representative Signature: _____ Date: _____

If Legal Representative, Relationship to Patient: _____

Witness Signature: _____ Date: _____