



**CONSENT AND ACKNOWLEDGEMENT  
FOR THE USE OF TELE-PRACTICE LIVE VIDEO VISITS**

PATIENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

Thank you for your interest in using Tele-practice as a service delivery method for you and your child. Texas law requires that consent be signed prior to the start of services delivered via Tele-practice. Please read the consent information below. For your records, a written copy will be provided to you at your request.

**PARENT(S)/GUARDIAN ACKNOWLEDGMENT AND STATEMENT OF CONSENT**

As of \_\_\_\_\_, I have chosen for my child to receive speech services via a Tele-practice method. I understand that Texas law requires that I consent to the following:

1. I have the option to refuse the delivery of Home Health via the Tele-practice method at any time without affecting my right to in-person services and without risking the loss or withdrawal of speech service to which my child and I would otherwise be entitled.
2. I am aware that applicable confidentiality protections will apply to services and have been given the opportunity to review the "Family Rights: Notice of Family Rights and Procedural Safeguards" in the TSP admission packet with my therapist, in the admission packet physically provided to me.
3. I shall have access to all speech information resulting from the sessions conducted via Tele-practice as provided by applicable law for caregiver access to my child's record; these can be provided to me upon my written request to Texas Speech Pathways.
4. I understand that TSP will be providing tele-practice for the patient and acknowledge that if rules/regulations for tele-practice change in Texas, TSP may no longer be able to treat the patient via tele-practice visits.

**PARENT ROLE/RESPONSIBILITIES DURING THE DELIVERY OF TELEMEDICINE**

1. Caregiver must be present and active for the duration of the session to implement therapy strategies provided by clinician.
2. Caregiver must stop session and alert clinician if voices/picture is not clear or able to be understood, session will be continued if technical issues can be overcome or terminated if technical issues cannot be overcome.
3. Caregiver will provide clinician prior notice if technology access and/or caregiver participation is unavailable for scheduled session time.

My signature below indicates that I give my consent for the use of the Telemedicine method and I agree to the caregiver role/responsibilities as stated above.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Printed Name

\_\_\_\_\_  
Relationship of Signer