

Teletherapy Consent Agreement

I understand that teletherapy consists of real-time communication between my child and their therapist over a secure video conferencing platform. Teletherapy allows the therapist to see, hear, and/or interact with my child and my family/support system for treatment, assessment, monitoring, follow-up, and/or observation in accordance with my child's individualized plan of care. During teletherapy sessions, I understand that I will be responsible for communicating with my child's therapist, ensuring an optimal environment for video and audio transmittals, and minimizing distractions in the environment.

The laws that protect the confidentiality of my medical information also apply to teletherapy. As such, I understand that the information disclosed during the course of teletherapy is confidential.

I understand that there are potential risks or consequences associated with teletherapy. Poor resolution or disruption of transmission of images or audio may impact the therapist's ability to see and understand your child's symptoms and functional presentation. While the physical therapist will put forth their best effort with providing necessary services remotely, not all treatment methods are able to be adequately delivered over video. I understand that it is my responsibility to supervise my child during the duration of their teletherapy session to ensure safety and to assist with participation as needed.

I understand that I am able to ask questions, provide feedback, or voice concerns to my child's therapist or to First Step Pediatric Therapy at any point within my child's plan of care.

I accept that teletherapy does not provide emergency services. If I am experiencing an emergency situation, I understand that I can call 911 or proceed to the nearest hospital emergency room for help.

Signature: _____

Date: _____