

## Telepractice Policies and Informed Consent

The American Speech-Language-Hearing Association (ASHA) defines telepractice as "the application of telecommunications technology to delivery of speech language pathology and audiology professional services at a distance by linking clinician to client, or clinician to clinician, for assessment, intervention, and/or consultation." This service delivery model is supported by the Washington State Hearing & Speech licensing board and the American Speech-Language-Hearing Association (ASHA). Telepractice is viewed as a mode of delivery of health care services, not a separate form of practice. There are no legal prohibitions to using technology in the practice of speech language pathology and audiology, as long as the practice is done by a Washington State licensed practitioner. All of our clinical supervisors are state licensed and ASHA certified. The standard of care is the same whether the patient is seen in-person, through telehealth (telepractice), or by other methods of electronically enabled health care.

The UW Speech & Hearing Clinic offers telepractice speech, language, and audiology services through the live interactive, HIPAA compliant, video conferencing platform Zoom. Our client will connect over the internet by going to zoom.us online and entering the meeting ID provided to them by their clinician. Once the clinician is online, the clinician and the client will then be able to see and hear each other in real time. Just as with in-person sessions, telepractice sessions will be conducted by a graduate student clinician and will be supervised by state-licensed and ASHA-certified speech/language pathologist or audiologist. There may be more than one graduate student clinician participating in the telepractice session. The clinician is able to perform diagnostic assessments and provide treatment via telepractice. The UW Business Associate Agreement (BAA) with Zoom incorporates software security measures that meet HIPPA standards and provide the client with a secure and confidential online videoconferencing session.

### Conditions of providing telepractice sessions

- 1) I understand that "telepractice" includes diagnosis and treatment using interactive audio, video, or data communications. I understand that telepractice also involves the communication of my medical information, both orally and visually.
- 2) I understand that the standard of care is the same whether the client is seen in-person or through telepractice and that I will be notified immediately if it is determined that this delivery model is not appropriate for a client.
- 3) I have the right to withhold or withdraw consent to participate in telepractice at any time without it affecting my right to future care or treatment, though in person services may not be available at that time.
- 4) I understand that healthcare information may be shared with other individuals for the purposes of scheduling, billing, and in implementing a client's plan of care and that these individuals involved will at all times maintain confidentiality of the information obtained. The laws that protect privacy and confidentiality of medical information equally apply to telepractice.
- 5) I understand that I am responsible for providing the necessary computer, telecommunications equipment (camera and microphone) and internet access for my telepractice sessions.

- 6) I understand that if the speed and quality of my internet connection is not adequate, telepractice sessions may not be possible.
- 7) I understand that for most children and for some adult clients, an adult facilitator will be required to be present in the room to assist with technical difficulties and keeping the client on task and engaged in the session.
- 8) I understand that I am responsible for arranging a quiet location with sufficient lighting and privacy that is free from distractions or intrusions, in which the telepractice session will take place.
- 9) I understand that there may be a need for email correspondence and transfer of documentation via email and that the UW Speech & Hearing Clinic cannot guarantee the confidentiality of email transmissions.
- 10) I understand that there are benefits, risks, and possible consequences associated with telepractice. These include, but are not limited to the possibility that, despite reasonable efforts on the part of the UW Speech & Hearing Clinic:
  - a) the transmission of my information could be disrupted or distorted by technical failures, and may result in the ending of a session;
  - b) the transmission of my information could be interrupted by unauthorized persons;
  - c) and/or the electronic storage of my medical information could be accessed by unauthorized persons.

By signing below I agree that I have read this document carefully and understand the risks, benefits, and my rights related to the telepractice and I am hereby electively giving my informed consent to participate in a telepractice service through the UW Speech & Hearing Clinic under the terms described above. I have had my questions answered to my satisfaction.

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Printed Name of Client

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Printed Name of Parent/Guardian/Caretaker if signing for client

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Signature of Client or Parent/Guardian/Caretaker

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Date of Signature

**COVID-19 modifications to signature requirements**

By checking this box I, the client or parent/guardian/caretaker of the client listed above, confirm that I do not have access to a printer and/or scanner and cannot provide a signed copy of this Informed Consent document. By checking this box, I am agreeing that I understand all of the conditions presented in this Informed Consent document. I will provide a physically signed copy as soon as possible after the COVID-19 restrictions have been lifted.