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Teletherapy Consent Form

We know that there is widespread concern globally about the Coronavirus (COVID-19), and we want you to know that your health and that of your family is the top priority of our organization.

I understand that my child will receive speech therapy through Teletherapy. I also understand that federal and state laws require I consent to the following:

1. I consent to the delivery of speech therapy through Teletherapy over a computer, tablet, or smart phone between Jubilee Therapy therapists and my child via a technology known as Zoom. I understand that the availability of Teletherapy sessions will depend on that type of technology, devices, or system requirements utilized.
2. I understand that Jubilee Therapy therapists will have the same licensure/certification and apply the same standard of care as an in-person visit.
3. I will have access to all speech therapy records and information resulting from the sessions conducted through Teletherapy as I would during an in-person visit, and as provided for by law.
4. As with any internet-based communication, I understand that risks include the possibility of technological problems which may result in poor quality or disconnection from the Teletherapy session(s), as well as a security breach without the appropriate protections. To help mitigate security risks, it is recommended I take steps to protect my personal device and data including using a secure Wi-Fi network.
5. I understand that Jubilee Therapy is utilizing a HIPAA compliant platform called Zoom as mentioned. Jubilee Therapy is not responsible for my device security, and I acknowledge and knowingly accept the risks of accessing service(s) via this virtual technology.
6. I understand that, in addition to the Jubilee Therapy therapist, other individuals may be involved in the Teletherapy session(s) to supervise. If this occurs, these individuals must be identified to all parties in the visit and must adhere to the same privacy policies as Jubilee Therapy.
7. I understand that I am responsible for the cost of technology associated with receiving speech therapy through Teletherapy (e.g. data/internet plans, personal device, etc).
8. I understand that the use of Teletherapy is only allowable at this time due to COVID-19 and is not a permanent service delivery option.

- Consent was received via phone. Documentation of the conversation is included in the child's record.
- Consent was received via text message. A copy of the conversation is included in the child's record.
- Consent was received via email. A copy of the conversation is included in the child's record.

Client Name

Parent/Therapist/Office Manager signature

Date