

Gates County Schools
Virtual Related Service Consent Form

The American Speech and Hearing Association (ASHA) defines telepractice as "the application of telecommunications technology to delivery of professional services at a distance by linking clinician to client, or clinician to clinician, for assessment, intervention, and/or consultation." This means that we are able to provide speech therapy services through digital meetings similar to the popular communication system "Skype" or "FaceTime." While we do not specifically utilize Skype or FaceTime for the provision of services, the method of delivery would be similar in nature. The therapist and the child would join a computer-based session at the designated therapy time, and would work on the same materials as at school. We term this "teletherapy." If a computer-based related service session is not possible, services can be given via telephone call and/or via video and audio recordings by a different online platform, where the therapist can provide feedback and instruction after reviewing the recordings. It is important to know that this service delivery model is supported through the North Carolina licensing board and the American Speech-Language Hearing Association (ASHA). This mode of service delivery, when implemented correctly, is noted to have equal outcomes to face-to-face interventions.

I _____, parent/guardian of

_____ hereby consent for _____
to engage in teletherapy with a certified Speech-Language Pathologist employed by Gates County Schools. I understand that "teletherapy" includes treatment using interactive audio, video, or data communications. I understand that teletherapy also involves the communication of medical information, both orally and visually.

I understand the following with respect to teletherapy:

- I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
- The laws that protect the confidentiality of my medical information also apply to teletherapy. As such, I understand that the information disclosed by me during the course of my therapy or consultation is confidential.
- I understand that there are risks and consequences from teletherapy, including, but not limited to
 - the possibility, despite reasonable efforts on the part of Gates County Schools, that the transmission of my information could be disrupted or distorted by technical failures;
 - the transmission of my information could be interrupted by unauthorized persons;
 - and/or the electronic storage of my medical information could be accessed by unauthorized persons.
- Please read the statement below for individual and/or group virtual related service sessions.

Disclosure of Information Protected by the Family Educational Rights and Privacy Act:

Pursuant to the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. 1232g; 34 C.F.R. part 99), the written consent of a parent or eligible student is required before the education records of a student, or personally identifiable information contained therein, may be disclosed to a third party, unless an exception to this general requirement