



TELETHERAPY/ ELECTRONIC MODES OF COMMUNICATION/ PHOTO CONSENT FORM

Patient Name: _____

TELETHERAPY CONSENT

- I give consent for patient to engage in teletherapy as a means of evaluation and treatment
- I understand that there are risks and consequences of participating in teletherapy, including, but not limited to, the possibility, despite best efforts to ensure high encryption and secure technology on the part of my speech, physical, or occupational therapist, 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.
- I understand that there is a risk of being overheard by anyone near me if I am not in a private room while participating in teletherapy. I am responsible for (1) providing the necessary computer, telecommunications equipment and internet access for my teletherapy sessions, and (2) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy session. It is the responsibility of the provider to do the same on their end.

PATIENTS LEGAL REPRESENTATIVE SIGNATURE

DATE

TELEPHONE COMMUNICATION CONSENT

I give consent for Sensory Kidz, LLC to communicate with me via text message and voicemail details regarding patients appointment, appointment reminders and other information regarding patients therapy sessions.

PATIENTS LEGAL REPRESENTATIVE SIGNATURE

DATE

PHOTOGRAPHY / VIDEO CONSENT

I consent for photography and video of patient for the following purposes:

A record of therapeutic progress • A description of therapeutic procedures, exercises, or activities • Marketing via social media (Facebook, Instagram, and/or our company website) • records of activities or events in published materials

PATIENTS LEGAL REPRESENTATIVE SIGNATURE

DATE