



Speech and Language Services
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TELEPRACTICE CONSENT FORM

(Addendum to Original Consent Form)

Client

Points of information:

- Communication Works uses the term “telepractice”, but the terms telepractice, telehealth, and teletherapy may be used interchangeably by different professionals.
- According to the 2019 Nebraska Telehealth Act, Section 71-8503:
 - (3) Telehealth means the use of medical information electronically exchanged from one site to another, whether synchronously or asynchronously, to aid a health care practitioner in the diagnosis or treatment of a patient. Telehealth includes services originating from a patient's home or any other location where such patient is located, asynchronous services involving the acquisition and storage of medical information at one site that is then forwarded to or retrieved by a health care practitioner at another site for medical evaluation, and telemonitoring;
 - (4) Telehealth consultation means any contact between a patient and a health care practitioner relating to the health care diagnosis or treatment of such patient through telehealth.
- The American Speech-Language Hearing Association and the American Occupational Therapy Association have similar definitions.
- Use of telepractice must be equivalent to the quality of services provided in person and consistent with adherence to professional codes of ethics, scopes of practice, state licensure laws, and federal HIPAA laws.
- Nebraska does not have specific rules and regulations governing the delivery of telepractice as a service delivery model.
- Nebraska law is not clearly defined regarding telepractice coverage by private insurance. It is left up to interpretation and determined by the payers. Clients should contact their insurance companies to determine if their specific policy covers telepractice by a licensed, credentialed speech-language pathologist or occupational therapist.

Consent:

- I voluntarily consent to telepractice services through Communication Works, LLC, which may include routine assessment and/or treatment by a licensed, certified speech-language pathologist and/or occupational therapist. I am aware that speech-language pathology and occupational therapy are not exact sciences, and I acknowledge that no guarantees or assurances have been made to me as the result of telepractice services, procedures, treatments or evaluations through Communication Works, LLC.
- I understand that the standard of care provided via telepractice will be the same as that provided in person. If the clinician determines that the telepractice service delivery model is ineffective and should be discontinued I will be notified immediately. If I determine the telepractice service delivery model is ineffective or inappropriate I will notify the clinician immediately and can withdraw my consent to participate.
- I understand that Communication Works provides the Clocktree platform for online services and I am responsible for providing my own technology (e.g., computer, laptop, tablet) for telepractice sessions.
- I understand that if the client is a child, an adult caregiver will be available at all times to assist with technology, materials, and behavior.
- I understand that I am responsible for creating a quiet, uninterrupted environment for each telepractice session.
- I understand that Communication Works will submit claims to insurance companies for payment. If my insurance company does not cover telepractice I understand that I will be responsible for paying the Communication Works reduced fee for each session on the day of service, via a credit card kept on file at Communication Works.

I certify that I have read and fully understand this “Telepractice Consent Form”, which is an addendum to the “Service Consent Form”, or “Consent Form” I signed previously.

Name	Relationship to Client	Date
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Persons 18 years of age or younger must have a parent or guardian sign the form on their behalf.