



## CONSENT FOR TELETHERAPY SERVICES

### Definition of Services

I hereby consent to engage in teletherapy with Pipeline Therapy Services (PPT). Teletherapy is a form of service provided via secure internet technology, which can include consultation, treatment, transfer of medical data, emails, telephone conversations and/or education using interactive audio, video, or data communications. I also understand that teletherapy involves the communication of my medical health information, both orally and/or visually.

Teletherapy has the same purpose or intention as in-person treatment sessions that are conducted face-to-face at the clinic. However, due to the nature of the technology used, I understand that teletherapy may be experienced somewhat differently than face-to-face treatment sessions.

I understand that I have the following rights with respect to teletherapy:

### Patient's Rights, Risks, and Responsibilities

- I need to be located in California. This is a legal requirement for Physical Therapists practicing in this state under a CA license. If I will not be located in CA during teletherapy treatment, I will need to inform PPT of this in order to be able to establish the laws/rules pertaining to "therapist visitor" status in my state.
- I have the right to withhold or withdraw consent for my child at any time without affecting my right to future care or treatment.
- The laws that protect the confidentiality of myself or my child's medical information also apply to teletherapy. As such, I understand that the information disclosed during the course of my therapy or my child's therapy is confidential as was outlined for me in the Notice of Privacy Practices & Patient Rights before my first session.
- Unless explicitly agreed upon otherwise, my therapy or my child's teletherapy session is strictly confidential. Just like face-to-face sessions, my child's information will not be released to anyone without my prior approval unless required to do so by law. The teletherapy platform used (Zoom) is 100% HIPAA-compliant, and the standards in place by PPT follow HIPAA standards. In addition, Zoom Session utilizes many security measures, including at-rest encryption and 256-bit in-transit data encryption.
- There is a risk that services could be disrupted or distorted by unforeseen technical problems. I understand that there are risks and consequences with teletherapy services including, but not limited to, the possibility, despite reasonable efforts on my therapist's part, that the transmission of my/child's medical information could be disrupted or distorted by technical failures; the transmission of my/my child's information could be intercepted by unauthorized persons, and/or the electronic storage of medical information could be accessed by unauthorized persons.
- In addition, I understand that teletherapy based services and care may not be as complete as face-to-face services. I also understand that if the therapist believes me or my child would be better served by another form of therapeutic services (e.g., face-to face services), me or my child will be referred for clinic sessions.



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### CONTINUE ON BACK

- I understand that PPT's teletherapy services are furnished in the state of California, (USA), and the services provided are governed by the laws of that state. In a manner results cannot be guaranteed.
- I understand that there is a risk of being overheard by anyone nearby if I and my child enor in a private room while participating in teletherapy. I am responsible for (1) providing the necessary computer, telecommunications equipment and internet access for me or my child's teletherapy sessions, (2) the information security on my computer, and (3) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my child's teletherapy session. It is the responsibility of the OTG's providers to do the same on their end.
- I understand that dissemination of any personally identifiable images or information from the teletherapy interaction shall not occur without my written consent. I understand that I have a right to access me or my child's medical information and copies of medical records in accordance with California law.
- I have the right to withdraw or withhold consent from teletherapy services at any time. I also have the right to terminate treatment at any time.
- The Financial Policy Agreement and the Attendance & Cancellation Policy signed at intake apply to teletherapy as well.

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA):** Effective immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency. For more information:

<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html>

**I have read, understood and agree with the information provided above.**

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Patient Name

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Parent/Guardian/Responsible Party Signature

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Date

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Parent's Printed Name