



Telehealth Informed Consent Form

I agree to Telehealth Occupational Therapy sessions with Jumpstart Therapy, LLC and occupational therapist, _____ for my child, _____.

The American Occupational Therapy Association (AOTA) defines Telehealth as the application of evaluative, consultative, preventative and therapeutic services delivered through telecommunication and information technologies and may include real-time interaction, store and forward or remote monitoring. It includes a variety of applications using two-way video, email, smart phones, audio, wireless devices and other forms of telecommunications.

Telehealth benefits include the delivery of services to a client at a remote site different than the provider often in the convenience of their home. Telehealth addresses the need for health care services when distance is a factor, when clients are unable to travel or there is a public health emergency and helps continue therapy progress for optimal outcomes.

Potential risks include but are not limited to the transmission of clinical information that could be interrupted or distorted due to technical difficulties, images or demonstrations may not transmit clearly, or transmission of information could be interrupted or accessed by unauthorized persons. Not all clients will benefit or are best served from telehealth sessions and the provider may recommend an in-person office visit.

All confidentiality policies and patient privacy consent forms apply to telehealth services. The client (and parent) agree to the terms and conditions associated with the video app service used (FaceTime or Zoom).

The client (and parent) as well as the therapist agree not to record or store any information from the telemedicine visit.

The client (and parent) can ask the provider any questions regarding the telehealth session including risks, benefits and alternatives.

The client (and parent) understand that there are limits to the scope of clinical reasoning and recommendations during a telehealth session and can elect to discontinue the session at any time without affecting their right to a future telehealth or in-person office visit, but are still responsible for the payment of services rendered up to that point.

The client (and parent) understand that there are alternatives to telehealth visits and can elect, at any time to request an appointment for an in-person office visit.

Jumpstart Therapy, LLC does not participate with any health plans. Parents are responsible for all fees associated with Telehealth sessions.

I have read this Telehealth Informed Consent Form and understand the risks and benefits of the service and have had my concerns addressed in an understandable manner.

Signature of Parent

Date