



199 New Road, Unit #38  
Linwood, NJ 08221  
Tel: 609-318-6614  
Fax: 609-318-3053  
info@speechbythebeachnj.com

### TeleHealth Consent Form

I, (please print) \_\_\_\_\_, give Speech by the Beach permission to utilize Telehealth in order to deliver health care services to me.

I understand that Telehealth involves the use of electronic communications to enable health care providers at different locations from their patients to share individual patient medical information for the purpose of improving patient care. The information obtained in a telehealth session may be used for diagnosis, therapy, follow-up/education, and may include any of the following:

- Patient Medical Records
- Medical Images
- Live two-way audio and video
- Output data from medical devices and sound and video files

Electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional interruption.

#### Expected Benefits:

- Improved access to care by enabling a patient to remain in his/her/their home with the therapist provides treatment and consultation;
- More efficient evaluation and management;
- Obtaining expertise of a distant specialist.

#### Possible Risks:

As with any treatment, there are potential risks associated with the use of telemedicine. The risks include, but may not be limited to:

- In rare cases, information transmitted may not be sufficient to allow for appropriate decision making by the therapist;
- Delays in evaluation and treatment may occur due to deficiencies or failures of the equipment;
- In very rare instances, security protocols could fail, causing a breach of privacy or personal medical information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_