

Informed Consent to Consultation

I, _____ as the parent/legal guardian of _____ hereby request and consent to Proximity Telehealth, LLC to perform a consultation with a licensed speech-language pathologist to determine if the student is recommended for service. I understand and am informed that, as in the practice of medicine, speech language and may have some risks. I understand that I have the right to ask about these risks and have any questions answered about my child's condition, prior to treatment. I have carefully read and fully understand this Informed Consent Form and have had the opportunity to discuss it with the treating therapist. I consent and authorize Proximity Telehealth, LLC to administer a consultation only. If treatment is recommended after the consultation, this will be discussed with the parent/legal guardian and the school before any treatment occurs.

I understand that telehealth is the use of electronic information and communication technologies by a healthcare provider to deliver services to an individual when he/she is located at a different site than the provider; and hereby consent to Proximity Telehealth providing health care services via telehealth.

I understand that the laws that protect privacy and confidentiality of medical information also apply to telehealth.

Client Signature

Date