



Consent for Teletherapy

Dear Parent/Guardian,

Your child is currently receiving speech and language therapy with CLaSS (Children's Language and Speech Services) LLC. We will be providing remote instruction while schools are closed in order to continue to support your child's speech and language development. New York State Medicaid Guidelines, as well as best practices, require that we get parental consent to deliver speech and language therapy via tele-therapy. Please complete the form below to consent for your child to receive therapy with CLaSS LLC via tele-practice starting March 23,2020.

I _____, as the parent or legal guardian of _____, give my consent for CLaSS LLC to provide speech therapy to my child via secure video conference, otherwise known as teletherapy (also known as telepractice). I understand the following:

- I have the right to refuse for my child to participate in services delivered via tele-practice, and I am aware that delivery of face-to-face services will not be possible at this time.
- I am aware that services will be delivered via secure video conference to my child in our place of residence by a provider who will be located at a remote site.
- I have the right to be informed of all parties who will be present at each end of the tele-therapy transmission.
- I am aware that some services my child receives might not be appropriate for delivery via tele-therapy.

Signature of person completing form _____ Date _____

Relationship to child _____