TELEVISIT CONSENT FORM

What is a Televisit?

Televisit refers to orofacial myofunctional therapy services provided remotely using real-time video conferencing.

The Platform

[Insert Platform] is the platform we use typically use for televisit sessions. The company that offers this platform has a current HIPAA Business Associates Agreement on file with us.

While the company has agreed to follow HIPAA guidelines, due to the inherent nature of electronic communications, we cannot guarantee that there will not be any internet security breaches compromising the security of our communications.

Your Privacy

We recommend participating in televisit treatment sessions from in a room or area where you can focus. We also recommend that you choose an area where people cannot overhear; however, it is essential for a parent or guardian to be present during televisit treatment sessions with children. Even for adults, it is advisable that one person be watching and readily available in the event of an emergency, such as an allergic reaction or choking.

Televisit sessions shall not be recorded (video or picture) in any way unless it is mutually agreed upon.

Cost

There is no additional cost to you for you to use our televisit platform; however, you are solely responsible for securing internet (at least 600kbps), a device (e.g., phone, tablet, or computer), and/or other accessories (e.g., head phones, camera, and/or microphone).

The fee rates are the same for both telehealth and in-person therapy sessions. You may want to inquire with your insurance company, HMO, third-party payor, or other managed care provider to determine if televisit sessions are a covered service through your insurance plan. If there is no coverage for televisit sessions, you will be solely responsible for the entirety of the session fee.

Further, the same cancellation policy applies to both televisit and in-person appointments.

Connection Issues

If the session is interrupted, disconnect from the session and log back in. If you continue to have issues with your session, please call us immediately at _____.

If there is a technological failure on our and we are unable to resume the connection, you will only be charged the prorated amount of actual session time.

My signature indicates that I have read this agreement before signing below and fully understand its contents, meaning, and impact. Further, I hereby give consent to the use of televisits for all or some of my treatment sessions.

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Client/Patient Or Responsible Party Signature Signature	Date