

Pediatric Interactions
Telepractice Consent Form

I _____, hereby give permission to the above stated child to engage in telepractice with Pediatric Interactions, Inc. for therapy services. I understand that telepractice therapy may include evaluations, assessments, consultations, treatment planning, and therapeutic interventions. Telepractice will occur primarily through synchronous video conferencing, in which therapy is being conducted in "real-time."

I understand I have the following rights with respect to telepractice:

- 1) I have the right to withhold consent at any time without affecting my right to future care or treatment.
- 2) The laws that protect the confidentiality of personal information also apply to telepractice. As such, I understand that the information released by me during the therapy sessions is confidential. Your privacy is very important to us and will not be shared outside of our organization without your consent.
- 3) I understand that telepractice services are considered a form of direct service and requires my full interaction and participation to be an effective form of therapeutic intervention.
- 4) I understand that Pediatric Interactions, Inc. utilizes systems that are considered secure in order to meet HIPAA and FERPA compliance (e.g., Zoom Meeting, Google Meet, and/or Blink). These sessions are not recorded unless requested by the family. Pediatric Interactions will put forth their best effort to keep information confidential while using these platforms. I will not hold Pediatric Interactions, Inc. or its staff liable for gathering or use of client information by these service providers.
- 5) I understand I have the right to access my personal information and copies of case notes. I have read and understand the information provided above. I have discussed these points with Pediatric Interactions, Inc. and all of my questions regarding the above matters have been answered to my approval.
- 6) I understand that therapists from Pediatric Interactions are required to provide therapy to me from a secure/private location. It is my responsibility to ensure that I am also in a secure location where only I or people permitted by me could hear/witness your child's session.

Electronic Signature of client/parent/guardian

Date

Printed name of client/parent/guardian

Relationship (If applicable)

This document has been completed electronically.