

INFORMED CONSENT FOR ONLINE TELETHERAPY SERVICES

I hereby consent to my child engaging in the online InterAct: Theatre and Therapy Lab Workshop. I understand that online teletherapy services include, but are not limited to: consultation, treatment, and using interactive audio, video, or data communications.

I understand that I have the following rights with respect to online teletherapy services:

1. *I have the right to withhold or withdraw consent at any time without affecting my child's right to future care or treatment; nor risking the loss or withdrawal of any program benefits to which they would otherwise be entitled.*
2. *The laws that protect the confidentiality of my child's medical information also apply to online teletherapy services. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child abuse.*
3. *I understand that there are risks and consequences from these services, including, but not limited to the possibility, despite reasonable efforts on the part of the therapist, that: the transmission of my child's medical information could be disrupted or distorted by technical failures; the transmission of medical information could be interrupted by unauthorized persons; and/or the electronic storage of my child's medical information could be accessed by unauthorized persons. (Chatty Child uses a HIPAA Complaint platform and takes precautionary measures to protect information.)*
4. *In addition, I understand that an online teletherapy does not involve in-person therapy. And uses an audio/visual component. It can include: family training, coaching and interacting with games and books digitally.*
5. *I understand that my child may benefit from online teletherapy services, but that results may vary from in-person treatment.*
6. *I understand that I have a right to access my child's medical information and copies of medical records in accordance with HIPAA privacy rules and applicable state law.*
7. *I understand that out of network teletherapy may not be covered by my Insurance. I will check with my carrier/HSA account and inquire about the reimbursement policy of out of network teletherapy.*

I have read and understand the information provided above.

Child's Name	
Parent's Name	
Parent's Signature	
Date	

