

Jennifer Ann Speech Therapy  
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## INFORMED CONSENT FOR TELEHEALTH SERVICES

Definition of telehealth: Telehealth involved the use of electronic communications to enable Jennifer Ann Speech Therapy, INC clinicians to connect with individuals using live interactive video and audio communications. Telehealth includes the practice of Speech & Language care delivery, diagnosis, consultation, treatment, referrals & education.

I understand that I have the rights with respect to telehealth:

1. The Laws protect the confidentiality of my personal information that I have already signed also apply to telehealth.
2. I understand that I have the right to withhold or withdraw my consent to use the use of telehealth in the course of my care at any time, without affecting my right to future care or treatment.
3. I understand that there are risks and consequences from telehealth including but not limited to, the possibility, despite reasonable efforts on the part of the therapist, that: the transmission of my personal information could be disrupted or distorted by technical failures, the transmission of my personal information could be interrupted by unauthorized persons, and/or the electronic storage of my personal information could be unintentionally lost or accessed by unauthorized persons. Jennifer Ann Speech Therapy utilizes secure, encrypted HIPPA compliant audio/video transmission software to deliver telehealth via Zoom.
4. Jennifer Ann Speech Therapy therapists follow regulations for telehealth, as well as their respective board regulations and ethics.

### **Payment for Telehealth Services**

Jennifer Ann Speech Therapy will bill BCBSIL PPO and Blue Choice plans for these services. The standard rate applies for co-pays, deductibles or out-of-pocket expenses. In the event that insurance does not cover telehealth services, you may wish to pay out-of-pocket, or when there is no insurance coverage. We can provide you a statement of service to submit to your insurance company.

**Patient Consent to the Use of Telehealth:**

I have read and understand the information provided above regarding telehealth. I have read this document and understand the risks and benefits related to the use of telehealth services.

I hereby give my informed consent to participate in the use of telehealth services for treatment under the terms described herein. By my signature below, I hereby state that I have read, understood and agree to the terms of this document.

PRINT NAME: \_\_\_\_\_

Client Signature: \_\_\_\_\_