

ASSESSMENT • TREATMENT • WORKSHOPS

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## Consent for the Provision of Speech and Language Services through Telepractice

<b>Client Name</b>	<b>Date of Birth</b>
<b>Therapist's Name:</b>	
<b>Guardian Name</b>	<b>Email Address</b>

The purpose of this form is to provide information to you about, and to obtain your consent to participate in, telepractice consultations with your speech and language therapist.

Telepractice is the use of telecommunication to provide speech and language therapy services to clients. The speech and language therapist typically uses videoconferencing to administer client sessions in real-time but may utilise other formats. Telepractice is sometimes referred to as telehealth, telerehabilitation, or telespeech.

A telepractice consultation usually involves:

- Your therapist discussing your speech-language therapy programme and goals of the session and will offer information and advice.
- Your therapist may email material to be utilised in the sessions before the live interaction if worksheets etc are required for the session. Please make sure these are available for the session as required.
- A parent or guardian should be present in the consultation to facilitate the transfer of skills addressed in the session. This person might also be present to assist with technical issues.

Initial \_\_\_\_\_

- You are not permitted to video or audio record the consultation unless your therapist gives permission to do so.
- The therapist is not permitted to video or audio record the consultation unless you give permission to do so. You will be informed before a recording takes place and can refuse to be recorded for any reason. The speech and language therapist will inform you of the reason for the recording and how it will be stored.
- Your medical aid may require the therapist to complete an **Allied Therapeutic & Psychology (AT&P) Telehealth and Virtual Consultation Form** to be submitted to your medical scheme in order to reimburse telehealth sessions. Your therapist will email this form to you after a session / at the end of the month and it is your responsibility to submit this form to your medical aid.

The benefits of telepractice therapy are to: improve access to speech and language therapy services, reduce your need for travel and decrease exposure to infectious disease.

Some potential risks might be the negative impact of technical problems, should they arise in the session -and a slower pace of working or goal achievement. The practices and procedures implemented in speech-language therapy have not been researched in a telepractice setting. There is also the increased risk of exposure to privacy and digital security issues.

This speech-language therapy practice is committed to complying with obligations related to the collection, use and disclosure of personal information, including through telepractice. The speech and language therapist must maintain confidentiality and privacy standards during sessions, and in creating, keeping, and transmitting records.

While the speech and language therapist is obligated to meet standards to protect your privacy and security, telecommunication, including videoconference, may increase exposure to hacking and other online risks; as with all online activities, there is no guarantee of complete privacy and security protection. You may decrease the risk by using a secure internet connection, meeting with the speech and language therapist from a private location, and only communicating using secure channels.

Please ask the therapist if you have questions about telepractice and the services offered. You have the right to refuse participation in telepractice or certain aspects of the practice, even within a session. Consent and refusal that you give verbally will be documented by the speech and language therapist.

If you refuse or change your mind about telepractice services, your therapist will discuss other options with you. The speech and language therapist may or may not be able to offer alternative services.

Initial: \_\_\_\_

Please delete any that DO NOT apply:

- I agree to receive speech and language therapy services via telepractice.
- I understand that there is no guarantee that tele-practice sessions will be reimbursed by medical aids, and that I am responsible for payment of all services rendered since the Health Professions Council of South Africa (HPCSA) has declared that telepractice is permissible.
- I understand that I may agree or refuse any service or part of a service at any time. I can agree or refuse in writing or verbally.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Guardian: \_\_\_\_\_

PLEASE REMEMBER TO INITIAL EACH PAGE