

Table 2: Example items to be included in a telehealth SLP consent form (primary sources: Gough et al., 2015; Turvey et al., 2013; Malandraki & Kantarcigil, 2017)	
Categories/Sections for Consent Form Inclusion	Example items (these will be specific to YOUR facility; below are just some examples)
Differences between telehealth and traditional in-person services	<ul style="list-style-type: none"> • A statement clarifying what the patient should expect with your tele-services and how these services are different from traditional in-person services • This section should also include a statement about how exchange of forms (e.g., health history form) will be achieved
Credentials of clinicians offering services	<ul style="list-style-type: none"> • Dr. XX is a certified speech language pathologist with 10 years of experience in providing telehealth services
Risks associated with telehealth services	<ul style="list-style-type: none"> • Sessions may be intercepted by external sources or people • Information may be accessed by those who intercept
Steps taken to mitigate the risks	<ul style="list-style-type: none"> • Use of HIPAA aligned software (name the software) that allows for FIPS 140-2 certified 256-bit AES end-to-end encryption • Use of HIPAA aligned software (name the software) that does not require network administrator permissions • Use of HIPAA aligned software (name the software) that does not require the creation of a public profile by the user
Additional technical defenses offered by your specific facility	<ul style="list-style-type: none"> • All computers used for telehealth services in our facility are password-protected • All computers used for telehealth services in our facility have anti-virus and anti-spyware software • All clinicians are HIPAA trained
Additional steps you will take	<ul style="list-style-type: none"> • Scan room with video camera before each session to ensure privacy • Ask to be informed right away if breach of confidentiality is suspected
Detailed emergency plan in place	<ul style="list-style-type: none"> • Steps and roles in the case of an emergency
Documentation and storage of information	<ul style="list-style-type: none"> • A statement about the process by which patient information will be documented and stored
Duration of consent and right to refuse/revoke authorization	<ul style="list-style-type: none"> • Statement about when this authorization expires • Statement about patient's right to refuse/revoke this authorization • Statement about potential results of such revoking/refusal action
A statement acknowledging understanding of risks and signature	<p><i>Example: "By signing this document, I acknowledge that I have read and fully understand the information the XXXXX clinic has provided me regarding the Risks of telepractice. I understand the Risks and consent to the Conditions outlined herein. In addition, I agree to the Instructions outlined. My signature indicates my consent for the provision of services via telepractice."</i></p>