



# Community Therapy Services

speech-language, occupational, and physical therapies

525 Tyler Road, Suite Q1  
St. Charles, IL 60174  
phone: (630) 444-0077 fax: (630) 444-0078

201 Main Street  
Roselle, IL 60172  
phone: (630) 893-7995 fax: (630) 893-2517

info@ctspediatrics.com

## Telehealth Informed Consent Form

Telehealth has been determined as an appropriate service delivery. Telehealth will only be used if determined to be at least as effective as in-person treatment. It is important to know that this service delivery model is supported through the Illinois licensing board. This mode of service delivery, when implemented correctly, is noted to have equal outcomes as face-to-face interventions.

I hereby consent to telehealth with Community Therapy Services. I understand that telehealth includes treatment using interactive audio, video, or telephone communications. I understand that telehealth also involves the possible communication of medical information.

I understand that I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment. The laws that protect the confidentiality of my medical information also apply to telehealth. As such, I understand that the information disclosed during the course of therapy or consultation is confidential.

I understand that I am responsible for (1) providing the necessary computer / telecommunications equipment and internet access for my telehealth sessions, (2) the information security on my computer / telecommunications equipment, and (3) arranging a location with sufficient lighting and privacy that is conducive for telehealth sessions, and (4) I may need to be present in the room for assisting with technical difficulties, or keeping my child on task.

I have read, understand and agree to the information provided above. I understand the risks, benefits and my rights related to telehealth and I electively give my informed consent to participate.

Client's Name: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

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