INFORMED CONSENT TO TELEHEALTH DUE TO COVID-19 EMERGENCY

This form authorizes my child to receive physical, occupational, and/or speech therapy via a telehealth platform due to the state and national COVID-19 Public Health Emergency. This authorization will remain in effect for up to one year after the date the New Mexico COVID-19 Public Health Emergency was declared (3/11/2020).

Teletherapy allows my child’s therapist to consult, treat and educate using interactive audio, video or data communication regarding my treatment. I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Parent/Guardian Name) hereby consent to my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Child’s Name) to participate in therapy via telephone or the internet (hereinafter referred to as Teletherapy) with La Luz Therapies.

I understand I have the following rights under this agreement:

* I have a right to confidentiality with Teletherapy under the same laws that protect the confidentiality of my medical information for in-person therapy. Any information disclosed by me during the course of my therapy, therefore, is generally confidential. There are, by law, exceptions to confidentiality, including mandatory reporting of child, elder, and dependent adult abuse and any threats of violence I may make towards a reasonably identifiable person.
* I understand that the dissemination of any personally identifiable images or information from the Teletherapy interaction to any other entities shall not occur without my written consent.
* I understand that there are risks unique and specific to Teletherapy, including but not limited to, the possibility that our therapy sessions or other communication with my therapist could be distorted by technical failures or could be interrupted.
* I understand that Teletherapy treatment is different from in-person therapy and that if my therapist believes I would be better served by another form of service, such as in-person treatment, my child’s therapist will notify me.

I have read and understand the information provided above. I have the right to discuss any of this information with my therapist and to have any questions I may have regarding my treatment answered to my satisfaction. I understand that I can withdraw my consent to Teletherapy by notifying my therapist or the La Luz office of my wish to make a change.

My signature below indicates that I have read this consent form and

 Agree to having my child participate in teletherapy

 Decline teletherapy services

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Parent/Guardian Signature Date