



California State University  
SAN MARCOS

California State University San Marcos  
Department of Speech-Language Pathology

## Consent and Authorization For Telepractice Clinical Services

**Description of Services:** As part of training future professionals in the field of speech-language pathology, graduate students during their clinical practica will be conducting evaluation and therapy sessions under the supervision of American Speech-Language Hearing Association (ASHA) certified and CA state licensed speech-language pathologists (SLPs). These speech-language services will be delivered with accommodations to fit the telepractice modality. Telehealth or telepractice is the delivery of health care services and the transfer of medical data through interactive audio, video or data communications. The telepractice service will be similar to a session at the site, except that interactive video technology will allow you to communicate with our speech-language pathology team at a distance.

### ***Roles and Responsibilities of the Supervising (SLPs):***

- The supervising SLP will bear ultimate responsibility for all aspects of care related to clinical services.
- The supervising SLPs will adhere to the ASHA Professional Code of Ethics and follow regulatory guidelines regarding scope of practice and limitations of service. See ASHA [Code of Ethics](#) for additional information.
- Supervising SLPs are required to directly observe graduate student clinicians 100% of therapy sessions and diagnostic assessments.
- Supervising SLPs will guide graduate student clinicians in making appropriate referrals to other professionals as needed.

### ***Roles and Responsibilities of the Graduate Student Clinician:***

- Graduate Student Clinicians involved directly in clinical services are required to have observed a minimum of 25 hours of clinical observation and to have completed relevant course work.
- Graduate Student Clinicians have access to identifiable client records and private health information (PHI), but HIPAA privacy and confidentiality regulations will be followed during all clinic interactions.

### ***Roles and Responsibilities of the Client***

- The client will have a support person available to assist during the telepractice session, if needed.
- The client understands that the university is a teaching and training facility, and therefore, audio and video recording and/or other media may be used for instructional purposes with client consent.
- The client will make best effort to have consistent attendance and will contact the clinic supervisor or graduate student clinician if an absence is anticipated.

- The client will maintain professionalism in all electronic and verbal communication with graduate student clinicians and their supervising SLPs.
- The client will not record any of the sessions.
- The client understands that during a group session, other clients and “helpers” will be present but will maintain confidentiality regarding client’s personal information related to the group setting.

***Treatment location:***

- During a teletherapy health session, both locations shall be considered a patient treatment room regardless of a room’s intended use.
- Both sites shall be appropriately chosen to provide audio and visual privacy.
- Rooms shall be designated private for the duration of the session with the Provider and no unauthorized access shall be permitted.
- Both sites shall take every precaution to ensure the privacy of the consult and the confidentiality of the client.
- All persons in the treatment room at both sites shall be identified to all participants prior to the consultation and the client’s permission shall be obtained for any visitors or clinicians to be present during the session.

***Confidentiality of clinic records:*** Clinic records are defined as the live telepractice sessions, written reports, and progress/file notes that are produced during the delivery of speech-language-hearing evaluation/treatment services to clients. Client records and PHI are kept in a HIPAA compliant EMR (Clinic Note). Please note, not all telepractice sessions are recorded and stored. Additionally, any dissemination of patient-identifiable images or information for this telepractice interaction for researchers or training purposes shall not occur without your consent. Client information is never shared unless requested and authorized by the client/caregivers.

***Equipment:*** Supervisors and student clinicians will use computers with microphones, cameras, headsets, speakers and accessories which possess high quality audio and video capabilities. Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with telepractice as such supervisors and students will conduct sessions in a private and closed-door space in their home. Patients/clients will use computers, tablets, smart phones or other accessible devices in their homes and/or other secure locations. I understand that there is a risk of being overheard by anyone near me if I am not in a private room while participating in teletherapy.

***Delivery of Services:*** Services will be provided to remote sites, using existing computers, internet connections connected to the secure Web-hosted encrypted Zoom for Health video conferencing software. Our business agreement with the Zoom platform incorporates software security measures that meet HIPAA standards. This is in place to protect the confidentiality of patient identification and data and protect against intentional or unintentional corruption. Zoom software employs a digital interactive approach where the speech-language pathologist manipulates digital materials on a computer in one location, while the patient simultaneously manipulates the same materials on a computer in any secure location through screensharing.

Caregivers and/or other approved individuals (e.g. helpers) can watch and interact with the sessions in real time on a computer in any secure location.

***Equitable Treatment of Clients and Families:*** The Department of Speech-Language Pathology at CSU San Marcos does not discriminate in provision of services to clients and families on the basis of sex, gender, gender identity, sexual orientation, race, color, religion, national or ethnic origin, disability, age, genetic information, citizenship, or status as a covered veteran in its education programs or activities.

The Department of Speech-Language Pathology is committed to nondiscrimination and equitable treatment of clients and families served in our clinics, as well as students of our program. Any concerns regarding nondiscrimination should be directed to Clinic Director, Kristen Nahrstedt ([knahrstedt@csusm.edu](mailto:knahrstedt@csusm.edu), 760-798-7010) or Program Director, Lori Heisler ([lheisler@csusm.edu](mailto:lheisler@csusm.edu), 760-760-8596).

***Medical Emergencies:*** Prior to treatment commencing the client will provide the supervising clinician with his or her address as well as a phone number where an emergency contact can be reached. The supervising clinician will remain online and will not exit the session prior to the client and student clinician. Should a medical emergency arise, the supervising clinician will call 911 and direct them to the client's location and then will inform the client's emergency contact. The determination of whether or not to call 911 is made by the clinic staff and/or graduate students, and if ever in doubt, the staff will err on the side of caution and call 911, even if the patient or a family member doesn't feel it is necessary. Medical necessity will then be determined by the responding paramedics.

I hereby consent to:

- Participate in telepractice services for the procedure(s) described above.
- Withhold or withdraw consent to telepractice services at any time without affecting my right to future care or treatment, or risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.
- I have been advised of all potential risks, consequences, and benefits of telepractice.

\_\_\_\_\_  
Name of Client (please print)

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

\_\_\_\_\_  
Signature if different from Client

\_\_\_\_\_  
Relationship and Name (please print)

\_\_\_\_\_  
Signature of Supervising SLP

\_\_\_\_\_  
Date

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Signature of Graduate Clinician