

TELEPRACTICE CONSENT ADDENDUM

This document is an addendum to the Illinois NeuroBehavioral Assessment Laboratory's Informed Consent for Neurobehavioral Assessment Services and does not replace it. All aspects of informed consent for services, appointments, professional fees, confidentiality, risks and benefits, research, and billing and payment in the Informed Consent for Neurobehavioral Assessment Services apply to telepractice services.

Telepractice involves the application of telecommunications technology to delivery of professional services at a distance by linking clinician to client, or clinician to clinician, for assessment, intervention, and/or consultation. Telepractice at the Illinois NeuroBehavioral Assessment Laboratory may include the use of electronic communications, such as interactive video and audio, to deliver screening, assessment and testing services, consultations, referral to resources, and care management.

I understand that:

- Telepractice includes the delivery of professional services using interactive audio, video, or data communications. I understand that telepractice also involves the communication of the client's information, both orally and visually.
- The standard of care is the same whether the client is seen in-person or through telepractice.
- I have the right to withhold or withdraw consent to participate in telepractice at any time without it affecting my right to future services.
- The laws that protect privacy and confidentiality of my information equally apply to telepractice.
- I am responsible for providing the necessary computer, telecommunications equipment (camera and microphone) and internet access for my telepractice sessions.
- For certain clients, an adult will be required to be present in the room for assisting with technical difficulties, or for helping a client stay on task.
- I am responsible for arranging a quiet location with sufficient lighting and privacy that is free from distractions or intrusions for the telepractice session to take place in.
- The clinician may determine that telepractice is not an appropriate option and stop telepractice at any time. I will be notified if it is determined that this delivery model is not appropriate.
- There are benefits, risks, and possible consequences associated with telepractice, including, but not limited to, the possibility that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my information could be accessed by unauthorized persons.

- Telepractice may reduce visual and/or audio cues, which may increase the likelihood of misunderstanding each other.

I have read, understand and agree to the terms of this document. I understand the risks, benefits, and my rights related to telepractice. I hereby give my informed consent to participate in telepractice under the terms described herein. To sign as parent or guardian of a minor client, I warrant that I am the parent or legal guardian of the minor named below and I have the full right and authority to sign this consent on behalf of such minor.

Client's Signature (if client is an adult)

Date

Parent/Guardian's Signature (if client is minor child)

Date

Parent/Guardian's Printed Name