

Audiology and Speech-Language Telemedicine
College of Health Solutions
Speech and Hearing Clinic
Arizona State University
Authorization and Consent for Audiology and Speech-Language Telemedicine

Introduction

Telemedicine is the practice of health care delivery, diagnosis, consultation and treatment and the transfer of medical data through interactive audio, video or data communications that occur in the physical presence of the patient, including audio or video communications sent to a health care provider for diagnostic or treatment consultation. The telemedicine visit will be similar to a routine office visit, except that interactive video technology will allow you to communicate with our audiology and speech-language-hearing team at a distance. Audiology and speech-language-hearing telemedicine is provided to clients by a clinician team, typically consisting of a graduate student clinician and a state-licensed clinical supervisor who holds certification from the American Speech-Language-Hearing Association (ASHA).

Clinical Records

Clinical records are defined as the live telemedicine sessions, written reports, and progress/file notes that are produced during the provision of audiology or speech-language-hearing evaluation/treatment services to clients. All existing laws regarding your access to your medical information and Clinical Records apply to the audiology and speech-language sessions you receive via telemedicine.

Confidentiality

Reasonable and appropriate efforts have been made to mitigate confidentiality risks associated with the delivery of telemedicine sessions.

Individual Clinical Records are kept in accordance with accepted procedures, and confidentiality is maintained in accordance with federal and state law and the American Speech Hearing Association (“ASHA”) ethical standards. Information related to client services is kept confidential except as required to bill for services and when we are expressly authorized to share information with another party given a signed authorization to release information. Revocation of disclosure of information to payers may be the basis for denial of health benefits or other insurance coverage or benefits.

Equipment

The ASU Speech and Hearing Clinic has a full-service speech and hearing clinic which will serve as the on-site training center and is fully equipped with computers and Internet access. The equipment used for the telemedicine program includes laptop and desktop workstations with microphones, cameras, headsets, speakers and accessories which possess high quality audio and video capabilities. All ASU Speech and Hearing equipment is in secured rooms. Patients/clients will use computers, tablets, smart phones or other accessible devices in their homes, schools and/or other secure locations.

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. Zoom software employs a digital interactive approach where the audiologist/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. ehelpers) can watch and interact with the sessions in real time on a computer in any secure location.

Costs and Billing

Telemedicine services will be provided at regular costs to remote sites. The ASU Speech and Hearing Clinic will use our standard billing processes for your telemedicine, billing a third party if warranted. In the event an insurance company will not pay for the telemedicine session, that the patient will be responsible for the fee.

Duration of consent, right to refuse/revoke authorization

This authorization will expire in 12 months from the date of signature. Clients have the right to refuse to authorize disclosure of all or part of the information related to their speech-language-hearing services, but that refusal may result in improper diagnosis or treatment, denial of coverage or a claim of health benefits or other insurance and/or other adverse consequences. Clients have the right to revoke this authorization at any time by notifying the ASU Speech and Hearing Clinic with a written revocation before the expiration date subject to the right of any person who acted in reliance on the authorization prior to receiving notice of the revocation. The undersigned states that she/he is the person whose records are involved, or if not the person, that she/he is the legal guardian of the person, or if the person is a minor, the person’s parent or legal guardian and that she/he has full power and authority to issue this release.

I have read and understood the above information regarding the use of telemedicine. I understand that I am entitled to a copy of this Authorization and Consent Form. I understand that signing this Authorization and Consent Form is completely voluntary and is not required as a condition to receive face-to-face services from the ASU Speech and Hearing Clinic

Signature: _____ Relationship to Client: _____

Date: _____

Witness: _____

Date: _____