

Tele-AAC Consent

What is Tele-AAC?

Tele-AAC is a form of telepractice, a method of offering services using videoconferencing tools like Zoom, specifically for individuals using augmentative and alternative communication (AAC) and their teams. Tele-AAC can be done in real-time (synchronous) or over time via shared recordings (asynchronous) to support AAC use and implementation across various goals, environments, and team members. It is a form of services delivery that is approved by the American Speech-Language-Hearing Association (ASHA). Tele-AAC can be used to deliver:

- 1:1 therapy
- Therapeutic groups
- Consultation
- Communication partner instruction
- Assessment

Security: Tele-AAC is a clinical service and security is important, and the following need to be maintained:

- The video-conferencing program is HIPAA compliant
- The clinician offers the service from a secure location where privacy can be maintained
- Any recordings are stored in an encrypted and/or password-protected location
- Secure Internet/WiFi network (whenever possible)

Data, photos, videos and audio recordings can be an important part of these services. I give permission to the rights of my image, likeness and sound of my voice as recorded on audio or video without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product (confidentially will be maintained at all times). Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording.

I give permission for my photos and video recordings to be used for (check all that apply):

- intervention and assessment purposes.
- services provided to other participants via telepractice.
- conferences, presentations, workshops and other classes
- Technology & Language Center, Inc. website
- reputable public media (i.e. newspaper or television special) for Technology & Language Center, Inc.
- Technology & Language Center, Inc. social media (Facebook, Twitter, YouTube)

Additionally, I understand there is no time limit on the validity of this release, there is no geographic limitation on where these materials may be distributed, and that the provider may not be able to adjust the security of the home network being used or the home network of group members. If I participate in a group, I agree not to disclose personal information about other group members.

SIGNATURE

I have read this form and all of my questions about this form have been answered. By signing below, I acknowledge that I have read and accept all of the above.

Signature of Parent or Legal Guardian

Print Name of Parent or Legal Guardian

Print Name of Patient

Date

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