**Informed Consent for Speech-Language Pathology Services**

*To show agreement, please initial each of the numbered sections below. Please also type your name, signature, and date at the bottom.*

1.       I have received a copy of the Notice of Privacy Practices, A Consumer's Bill of Rights, and the Practice Policies for Speech-Language Pathology Services from New York Speech & Voice Lab PLLC.

2.       I hereby consent for the use and/or disclosure of individually identifiable health information about myself to carry out treatment, payment, and/or healthcare operations. Regarding the use and/or disclosure of such information with relevant health professionals, I understand I will be given the opportunity to give written permission specific to each party.

3.       I understand that I have the right to request that New York Speech & Voice Lab PLLC place further restrictions on the use and/or disclosure of my protected health information to carry out treatment, payment, and/or healthcare operations, except when specifically authorized by me, when required by law, or in emergency circumstances.

4.       I understand and agree to the Practice Policies for Speech-Language Pathology Services at New York Speech & Voice Lab PLLC, including scheduling, the cancellation policy, punctuality, telepractice set up, communication and follow-through outside sessions, and timely payment of fees.

5.       I understand that absolute confidentiality and privacy cannot be guaranteed for any internet-based operations, since signals could be intercepted even on encrypted networks. I know that there is a higher level of security through the accounts set up by New York Speech & Voice Lab PLLC with Microsoft Office 365 Exchange, Square, Zoom, Cisco Webex, and Doxy.me, and that there is less security with Venmo, PayPal, Skype, and Facetime. I can choose which platforms I want to use as well as opt out of any internet-based operation.

6.       I allow New York Speech & Voice Lab PLLC to make and archive video and audio sample recordings of myself for diagnostic, therapeutic, and/or training purposes. New York Speech & Voice Lab PLLC may disclose this identifiable information for healthcare operations.

7.       I allow New York Speech & Voice Lab PLLC to use video and audio sample recordings of myself, without the disclosure of my name, for research, demonstration, education, or marketing purposes, including website attachments.

8.       I understand that I have the right to revoke my consent, in writing, to any portion of the information above, except to the extent that New York Speech & Voice Lab PLLC has taken action prior to the revocation. I understand that this authorization is voluntary.

Legal name of client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of client: ELECTRONICALLY SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of client's parent or guardian if under 18: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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