**Informed Consent for Virtual Physical Therapy and/or Occupational Therapy Services**

Physical therapy services delivered virtually to students involve the use of electronic communications (audiovisual and/or telephonic) to enable the physical therapist or physical therapist assistant, who is located at a site that is different than the site at which the student is located, to interface with the student, parent and/or student’s teacher in order to deliver physical therapy services. The services delivered will not be hands-on in nature but will address the Individualized Education Program (IEP) goals that physical therapy is currently supporting at school. Possible mechanisms for providing virtual physical therapy services include:

* Telephone conversations
* Live two-way audio and video

Occupational therapy services delivered virtually to students involve the use of electronic communications (synchronous audiovisual) to enable the occupational therapist or occupational therapist assistant, who is located at a site that is different than the site at which the student is located, to interface with the student, parent and/or student’s teacher in order to deliver occupational therapy services. The services delivered will not be hands-on in nature but will address the Individualized Education Program (IEP) goals that occupational therapy is currently supporting at school. Possible mechanisms for providing virtual occupational therapy services include:

* Live two-way synchronous audio and video
* Consultative services may be delivered via telephone conversations

Electronic systems used will, to the greatest extent possible, comply with applicable provisions of the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g (FERPA).

**Expected Benefits:**

* Allow students who are currently receiving their education at home because of school closures due to the COVID-19 pandemic to receive some of their physical and/or occupational therapy services in order for them to benefit from their IEP and minimize regression of skills to the greatest extent possible.

**Possible Risks:**

* Not all IEP goals currently being supported by physical therapy and/or occupational therapy at school are suited to be addressed virtually in the home environment.
* While every attempt will be made to protect student confidentiality and the student’s FERPA rights, it is possible that privacy may be compromised. For example, a telephone conversation could be overheard by someone who is not part of the therapy session.

**Parental Consent to Virtual Physical Therapy and/or Occupational Therapy Services**

By signing below, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent (including natural or adoptive parent), legal guardian, or an individual acting as a parent in the absence of a parent or legal guardian, acknowledge that I understand and agree with the following:

1. I understand that the laws that protect the privacy of student educational records, including FERPA, apply to the virtual delivery of physical therapy and occupational therapy services, and I understand that I have the right to withhold or withdraw my consent for virtual physical therapy and/or occupational therapy services for my child at any time, upon written notice to HCDE or my school district.
2. I have read and understand the information provided above regarding the delivery of virtual physical therapy and/or occupational therapy services, have been given the opportunity to discuss it with my therapy provider if desired, and all my questions have been answered to my satisfaction.
3. I understand the risks and benefits of the provision of virtual physical and/or occupational therapy services, and I hereby give my informed consent for my child to receive these services.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Top of Form

Bottom of Form