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**Tele-AAC for Direct Services, Evaluations and Consultation: Consent**

*What is Tele-AAC?*

Tele-AAC is a form of telepractice, a method of offering services using audio and videoconferencing tools like phones and video calls, specifically for individuals using augmentative and alternative communication (AAC) and their teams). It is a form of services delivery that is approved by the American Speech-Language-Hearing Association (ASHA). Tele-AAC can we used to deliver:

- **Evaluations:** determining the type of AAC system or strategies that would work best for an individual.
- **Direct services:** supporting an individual using AAC on addressing certain goals.
- **Consultation:** working with an individual and/or team in real-time (synchronous) or over time (asynchronous) to support AAC use and implementation across various goals, environments, and team members.

**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 intervention, consultation and assessment 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 data, photo, audio/video recordings to be used for (check all that apply):

- AAC system-related data to be collected/recorded and coded for purposes of progress monitoring.
- intervention and assessment materials.
- services provided via telepractice.
- conference presentations/courses and corresponding educational materials.
- website display for Commūnicāre, LLC.
- reputable public media (i.e. newspaper or television special) for Commūnicāre, LLC.
- Commūnicāre, LLC Social Media Pages (Facebook, Twitter, Google +, etc.)

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.

By signing this form I acknowledge that I have read and understand the above release fully and agree to it.

Full Name of Individual \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Parent’s Signature if under 18 \_\_\_\_\_