

Premier Pediatric Therapy

Bringing health and healing
to children in need



TELE THERAPY GUIDE FOR CAREGIVERS



Teletherapy Technology

Coronavirus/COVID-19 is a concern for all of us. For now, it means changes in our work and personal lives. At Premier Pediatric Therapy we have been working on finding ways to continue to meet your child's therapy needs during this challenging time. We've come up with a great potential solution. It is called Teletherapy.

What is it?

Teletherapy is becoming more common in Speech, Occupational, and Physical therapy. You may have used telemedicine with a doctor or nurse. These methods allow you to meet with healthcare professionals at times when being face to face is not possible or not recommended.

Research studies show that therapy using technology is a good option. We know that when caregivers participate fully with therapy, the results for children are better. Your role will be even more important with this model.

We know that Teletherapy will work well for some children and families. For others, it may not work as well. It will feel new and different for all of us. We look forward to trying it out with you to figure out the best plan for your child's therapy services.

How does it work?

Stay tuned for more information and support from us. For now, here are the basics of what you will need:

- A computer, tablet, or smartphone – fully charged or plugged in.
- Your device will be used for the full therapy session.
- Internet connection (25 mbps or faster is best) OR data package for tablet/ smartphone (with unlimited data)
- A space in your home that can be used for the full session where the therapist can see you and your child and the area is clear of distractions.

What can I expect?

Your therapist will work with you and your child on the same kinds of things that happen in face to face sessions. The process will just be different. The therapist will do some activities with your child and will provide coaching to you. The therapist will also observe you and your child to give more ideas and suggestions.

You will need to be available and involved for the whole therapy session. Your child's therapist may ask you to have certain toys or materials ready. They will also be able to share activity ideas with you through your device.

You might find that is helpful to prop your tech against a bookcase, the television, or in another place where it is off the floor.

Are others using it?

If your child is distracted by seeing the screen on the device, you can use the rear-facing camera (if available). That way the back of the device is facing your child, rather than the screen. Many therapy organizations are already using teletherapy! Here are a couple of examples:

<https://www.youtube.com/watch?v=4xbrSrPeX-o>

https://www.youtube.com/watch?v=0hx_nDUUNRs

Questions?

We understand this is a big change, if you have any questions feel free to talk to your therapist(s) or call us (832)539.1632.

Thank you to Therapy 2000 for allowing open access to your research and resources

Step 1: Sign Consent Forms

VERY IMPORTANT:

THIS MUST BE COMPLETE AND E-SIGNED BEFORE TREATMENT BEGINS
FIND ONLINE AT: <https://www.premierpediatrictherapy.com/TeleConsentForm>

Telehealth Patient Consent Form

PATIENT NAME: _____ DATE OF BIRTH: _____

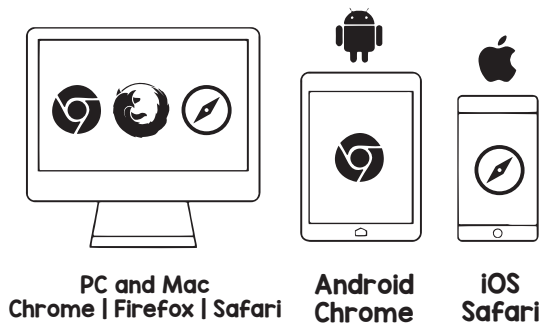
MEDICAID NUMBER: _____ MRN: _____

- PURPOSE:** The purpose of this form is to obtain your consent to participate in a telemedicine/telehealth services in connection with the following procedure/treatments/and/or services.
- NATURE OF TELEHEALTH/TELETHERAPY:** Your child's tele session will be with a Premier Pediatric Therapy health professional clinician through the use of interactive online telemedicine resources.
 - Details of medical history, medical records, treatment, goals, and outcome will be discussed via tele session with clinician.
- MEDICAL INFORMATION AND RECORDS:** All existing laws regarding your access to medical information and copies of your records can be assessed in the same manor according to the Patient Rights of PPT. Medical Information could be shared with the Secure HIPAA regulated Telehealth software in order to complete healthcare session.
- CONFIDENTIALITY:** Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the tele session appointment, and all existing confidentiality protections under federal and Texas State law apply to information disclosed during this tele session appointment.
- RIGHTS:** You may withhold or withdraw consent to the tele session appointments at any time without affecting your right to future care or treatment, or rising the loss or withdrawal of any program benefits to which you would otherwise be entitled
- DISPUTES:** You agree that any dispute arriving from the telemedicine consult will be resolved in the State of Texas, and that Texas state laws shall apply to all disputes.
- RISK, CONSEQUENCES AND BENEFITS:** You have been advised of all the potential risk. Consequences and benefits of telemedicine. Your health care practitioner has discussed with you the information provided above. You have had the opportunity to ask questions about the information presented on this form and the telemedicine consultation. All your question have been answered, and you understand the written information provided above.

I, _____, agree to participate in Tele Sessions with Premier Pediatric Therapy as described above.

Caregiver Signature: _____ Date: _____

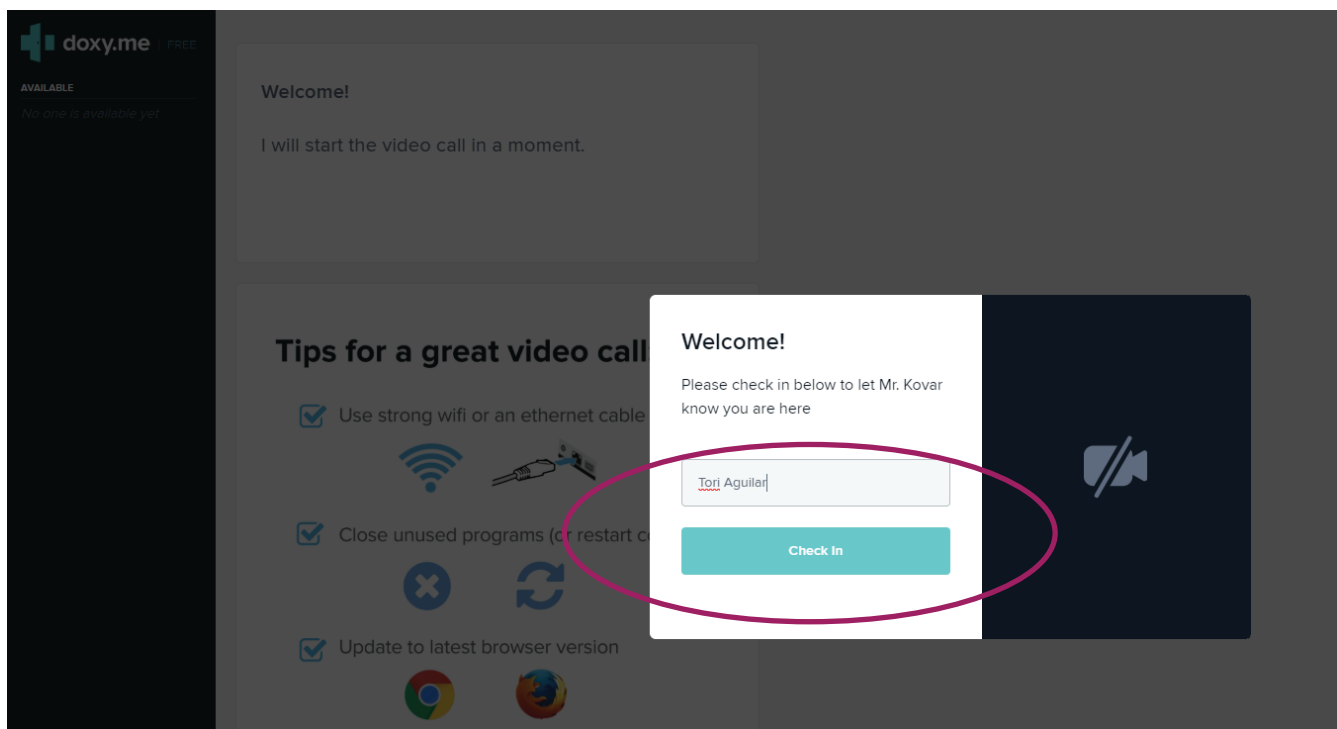
Step 2: Prepare for Your Session



1. A device that has access to
 - Chrome, Firefox, or Safari
 - A camera and microphone
2. A good Wi-Fi connection.
3. A quiet room, so that you can easily hear any instructions the therapist gives.

Step 3: Starting Your Session

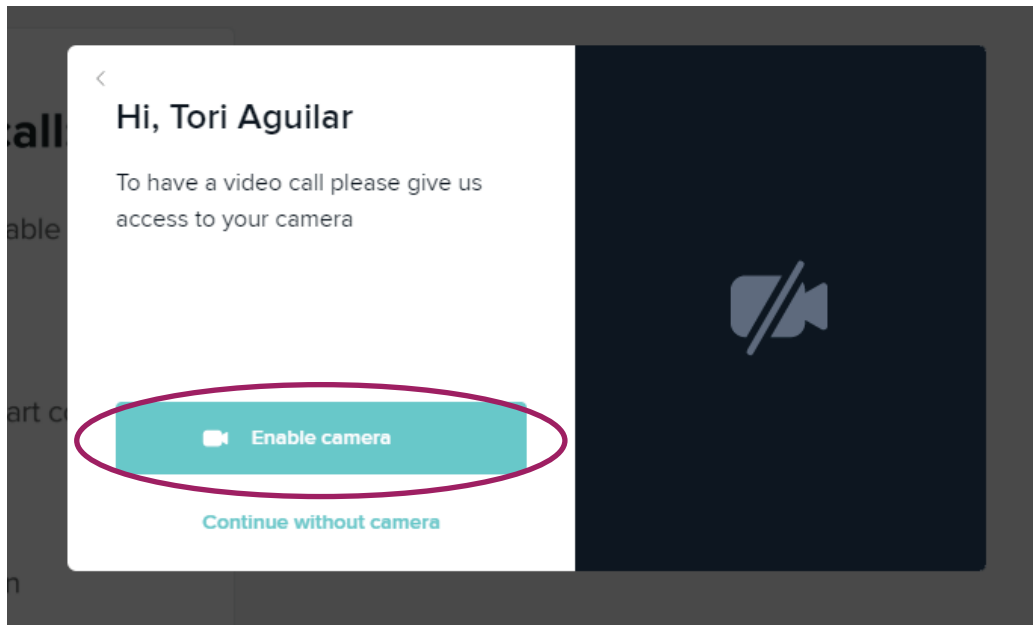
1. Contact your therapist to set up an appointment.
2. Open the link sent to you by your child's therapist.
Ex: <https://doxy.me/TherapistName>
3. A web browser will open (see below).
4. Enter your name.
5. Click "Check-In"



Step 3 (cont.): Starting Treatment

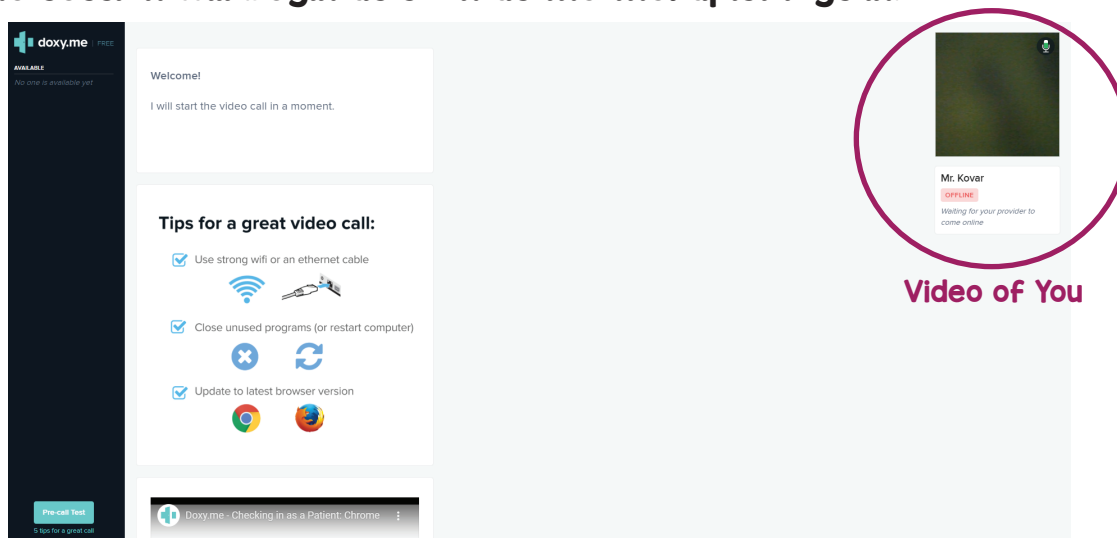
6. Enable your device's camera for the video session.

**** Once access is granted to your camera a picture will be snapped, for visit verification.**



7. If your child's therapist is online waiting for you, the video session will start immediately.

8. If your therapist is not online yet, you will see the screen below. You will see the video of you in the top right corner of the screen. The session will begin as soon as the therapist logs in.



9. When the visit is over your therapist will send you a link to complete the electronic sign-off. **THIS MUST BE COMPLETED** to finish your visit.

Step 4: Electronically Sign-off

Firma Electronica para Sesion de Terapia

VERY IMPORTANT:

At completion of each teletherapy session this form must be E-signed and completed. The form can be found at <https://www.premierpediatrictherapy.com/TeleVerify>

Date: _____
(Fecha)

Start Time: _____
(Hora de inicio)

End Time: _____
(Hora de finalización)

Patient Name: _____
(Nombre del paciente)

Therapist Name: _____
(Nombre del terapeuta)

Caregiver Name: _____
(Nombre del cuidador)

Caregiver Signature: _____
(Firma del cuidador)

**Again after each visit
this must be filled out
at <https://www.premierpediatrictherapy.com/TeleVerify>**