Coronavirus Disease 2019 (COVID-19) Temporary Telephonic and Telehealth Services

Consent for Telehealth Services

I give conse	ent for my child		to receive		
both telephonic care as well as Teletherapy Telehealth services provided by Southland					
Therapy Se	rvices Inc. for the duration	of the declared state	e of emergency for SC	effective	
3/27/2020.					
Patient Nan	ne:				
	ame:				
Type of Therapy: Physical Therapy		Occupational Th	erapy Speech Ther	Speech Therapy	
	_	-			
<u>Date</u>		, ,	(time in / time out)	Tx initial	
3/27/2020	Telephonic call	20 minutes	9:05 am - 9:25 am		
Caregiver S	ignature:				
Therapist S	ignature:				