



Alberta College of
Speech-Language Pathologists
and Audiologists

Guideline:

Virtual Care

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Virtual Care

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A Note on Revisions

Where the guideline has been amended, whether through addition, revision, or repeal, this is noted in the table below.

Date	Revisions	Effective
2021-09	<ul style="list-style-type: none">Full review of the guideline.	2021-09
2025-09	<ul style="list-style-type: none">Minor updates were made to this guideline on the following pages due to the repeal of the <i>Freedom of Information and Protection of Privacy Act (FOIP)</i> and the proclamation of the <i>Protection of Privacy Act (POPA)</i> and the <i>Access to Information Act (ATIA)</i> (Proclaimed on June 11, 2025): 9, 12, 25, 34, and 36.Removed reference to Speech-Language & Audiology Canada’s (SAC’s) Mutual Recognition Agreement (MRA) on pages 23, 32, and 35 as the agreement currently does not facilitate practice requirements across jurisdictions.	2025-09-04

Navigating this Guideline

This guideline specifically addresses the responsibilities of the registered speech-language pathologist (SLP) or audiologist when providing virtual care. This document highlights the key information referenced in ACSLPA'S Standards of Practice and provides additional detail and description in terms of utilizing virtual care to deliver services. It also provides tools and resources the speech-language pathologist or audiologist can use and defines key terminology that is important to understand. As one reviews this document, pay attention to the following icons:



The **Standards of Practice** icon, in addition to text contained within a box, will draw the speech-language pathologist's or audiologist's attention to the minimum expected level of performance of a member in the provision of quality services.



Tools and Templates icon provides the SLP or audiologist with checklists and documents that can be used to assist them in preparing to provide virtual care. Click on the bolded title of the document to view/print the tool and/template. If you are using a printed version, these documents will all be available in the Appendices.



The **Magnifying Glass** is used to identify the first time that a key term is mentioned. The key term is italicized, bolded, and defined in the Glossary of Terms.



The **Link** icon references other relevant documents or resources that the SLP or audiologist may want to review. Many of these are ACSLPA documents although there are some external documents. These can be accessed by clicking on the underlined bolded blue text.

Should questions or concerns arise, regulated members are encouraged to use the [Contact ACSLPA](#) form to email the college.

Acknowledgement

We would like to acknowledge the Telehealth Guide for Allied Health Professionals¹ developed by [Allied Health Professions Australia](#), a key source document that was used as a foundation for this resource.

ACSLPA would also like to thank the dedicated volunteers who shared their expertise by participating on the *Virtual Care Ad-Hoc Committee*. We would also like to thank the volunteers on ACSLPA's *Practice Advisory Committee* for their thoughtful review and revisions.

Guideline: Provides guidance to regulated members to support them in the clinical application of Standards of Practice.

Purpose

The Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA) protects the public by regulating the professional practice of speech-language pathologists and audiologists in Alberta. ACSLPA exists to ensure that the public receives competent and ethical speech-language pathology and audiology services.



A regulated member of ACSLPA will ensure the provision of ethical, quality services when providing virtual care. Standard of Practice 1.7



This guideline addresses the responsibilities of a **regulated member** of ACSLPA (registered **speech-language pathologist** (SLP) or **audiologist**) when providing **virtual care**.



A regulated member of ACSLPA will ensure they have acquired the necessary knowledge, skills and support (e.g., technical, communication, observation) to effectively deliver client services virtually. Standard of Practice 1.7 Virtual Care- Indicator A



Virtual care refers to the provision of speech-language pathology and audiology services at a distance, using **synchronous** and **asynchronous** information and digital communications technologies and processes. Virtual care is often referred to as telepractice, remote service delivery and virtual care services that may include interactions between SLPs, audiologists and their clients, as well as interactions between health care providers. It may be used alone or in combination with face-to-face services for the purposes of diagnosis, assessment, treatment, consultation, and education. Virtual care encompasses all the ways in which a clinician interacts remotely with a client or service providers to support that client. This includes video, audio (e.g., telephone), instant messaging, and/or the use of applications.

The use of virtual care provides significant opportunities for clients and for regulated members. It can improve access for clients who may otherwise have difficulties seeing their SLP or audiologist by:

- decreasing the client's travel burden and stressors associated with traveling.
- increasing access to individual professionals, specialized services and teams, particularly when client needs are complex.
- maintaining continuity of care when clients are unable to visit their practitioner in person.
- supporting more frequent check-in with clients which has the potential to improve carry-over or intervention gains.

Regulated members can also benefit by:

- observing clients in their homes and integrating interventions within the clients' natural environments.
- increasing their productivity and efficiency by reducing travel time and enhancing scheduling flexibility.
- Increasing their availability and connectivity to clients.
- increasing their connectivity with other service providers.



For many clients and for many regulated members, virtual care is a new way of working. While the delivery of safe, confidential, and effective clinical care is the focus of any consultation, there are aspects of virtual care that must be considered to ensure the provision of ethical, **quality services** that protect **clients**.



Providers will need to make decisions about the technical aspects of virtual care. These decisions need to be considered in the context of the client's clinical and personal needs, and with the aim of delivering virtual care that provides comparable clinical outcomes to **face-to-face** care.



Expected Outcomes:

Clients can expect to be informed about the risks and benefits of virtual care. Just as with face-to-face care, they can expect to receive ethical quality services using a virtual care format, and they have the right to refuse or revoke their consent for virtual services at any time.

Please note that although the use of digital technologies makes it easier to connect with clients, the use of technologies also increases opportunities for others to intercept information. This guideline highlights key issues that a regulated member needs to consider if they engage in virtual care or are considering delivering virtual care in the future. It provides regulated members with important information on how to conduct virtual care consultations, and aims to develop a better understanding of virtual care to:

- ensure the safety and quality of their practice. Reasonable steps must be taken to ensure security measures are in place for protecting and controlling access to client data, including the privacy and safety of data clients share with clinicians.
- implement the clinical, administrative, and technical elements required for this mode of service delivery.
- improve regulated member's confidence and ability to provide quality services via digital technology.



A **Virtual Care Checklist** has been developed for regulated members (Appendix A) that is consistent with this guideline. The checklist guides the regulated member as they consider or implement virtual care into their practice. Depending on the SLP's or audiologist's place of work or employment setting, adaptations may be required.

Safety and Quality

Regulated members must ensure the safety of clients and the people who care for them by focusing on providing high-quality, high-value care. Particular attention needs to be paid to risks that accompany the use of digital health technologies. This section addresses different aspects of safety and quality that an SLP and audiologist should consider.

Maintaining Professional Standards



Virtual care consultations should always be conducted in accordance with best practice clinical standards that also apply to face-to-face consultations. Regulated members adhere to the ACSLPA [Code of Ethics](#)² and [Standards of Practice](#)³, regardless of whether they are using digital technologies or are face-to-face with their clients.

The SLP or audiologist may need to develop policies and processes (if engaged in private practice) or review policies and processes (if employed by an organization) relative to the provision of virtual care to ensure that:

- services comply with legislative requirements.
- organisational and risk management systems and processes are in place.
- planning and resource allocation supports the service delivery goals.
- performance is measured, reported, and reviewed.
- roles and responsibilities are clearly defined.

In this context, regulated members should be aware of who is responsible for clinical, technological, and business aspects of virtual care practice. Policies and procedures should also be developed (if engaged in private practice) or reviewed (if employed by an organization) for video or audio consultations. Topics should include, but are not limited to:

- identifying and addressing clinical risks,
- training and professional development,
- maintaining client privacy and confidentiality, including the storage of any images, audio, or video recordings,
- coordinating bookings and practitioner availability,
- documenting virtual care sessions (e.g., informed consent, client record),
- maintaining video conferencing/communications equipment,
- contingency plans for platform disruptions,
- client communications prior to consultations,
- gathering client feedback and developing quality improvement initiatives,
- investigating clinical incidents relating to video consultations.



Ensure that methods of virtual service delivery and documentation meet applicable privacy and confidentiality requirements (e.g., encryption of images, appropriate retention and destruction of audio and video records). Standard of Practice 1.7- Virtual Care Indicator B

Privacy and Security



Privacy legislation is designed to protect clients from having their health information exposed either deliberately or inadvertently. ACSLPA's [Code of Ethics](#)², [Standards of Practice - Privacy and Confidentiality](#)³, and [Clinical Documentation and Record Keeping Guideline](#)⁴ outline expectations regarding the privacy and confidentiality of client records. Key features from these documents are highlighted in Figure 1. The bolded titles above also function as links so that you can review these documents in their entirety.

Figure 1: Summary of Privacy and Confidentiality Expectations of Client Records

Standards of Practice: Privacy and Confidentiality:

- Indicators:
 - Comply with all relevant privacy legislation.
 - Maintain an environment and engage in practices that protect the privacy and confidentiality of client information (e.g., paper-based, audio, video and electronic) in all contexts of service delivery (e.g., collection, storage, use, disclosure, and destruction of records).
- Expected Outcomes:
 - Clients can expect that their rights to privacy and confidentiality are maintained according to existing legislation and regulations.

Clinical Documentation and Record Keeping Guideline:

F.2. Protection of Personal Information on Electronic Devices:

SLPs and audiologists who store personal information regarding clients on personal computers, laptops, or other mobile devices must ensure that the information is protected in case their device is lost or stolen.

- Privacy statutes impose an obligation to take reasonable measures to guard against unauthorized access to information.
- “Reasonable measures” to guard against unauthorized access to information on a personal electronic device would include the following:
 - Password protection using complex passwords.
 - Anti-virus and anti-malware software.
 - Encryption of personal information.
 - For mobile devices, ensuring that the device is set to “auto-lock” when not in use.
 - Locking devices to furniture when left unattended so they cannot be easily removed.

F.3. Protection of Personal Health Information and Cloud Technology

Cloud computing is the delivery of computing services over the Internet. Among other things, organizations and individuals may use cloud computing services for data processing, storage, and backup.

- Under Canada’s private sector privacy legislation, an organization that collects personal information from an individual is accountable for the personal information even when it is outsourced for processing to third party providers.
- Terms of service must be reviewed to ensure that the personal information shared with the provider will be managed consistent with the privacy obligations under relevant privacy legislation.
- An individual or an organization needs to ensure that appropriate notification and consents have been obtained if personal information is going to be outsourced to a third-party cloud service and/or used in automated systems.
- Personal information that is transferred to another country (i.e., stored on a server in another country) is subject to the laws of that jurisdiction. Information about where cloud technology is housed should, therefore, be disclosed to clients.
- Written information about the policies and practices of the service provider should be available on request.

Digital health technologies introduce a range of additional requirements and complexities that regulated members need to consider. Digital systems can increase opportunities for others to intercept information. Reasonable steps must be taken to ensure security measures are in place for protecting and controlling access to client data from misuse, interference, and loss, as well as unauthorized access, modification or disclosure. This includes how your clients' personal information (including any video/audio recordings or still images) is collected (including a client sharing audio or video samples with the clinician), stored, used, retained, and discarded.



In Alberta there is provincial legislation (e.g., **Personal Information Protection Act; PIPA**⁵; **Health Information Act; HIA**⁶, **Access to Information Act; ATIA**⁷; **Protection of Privacy Act; POPA**⁸ and federal legislation, (e.g., the **Personal Information Protection and Electronic Documents Act; PIPEDA**⁹). *PIPEDA* governs the electronic storage and transmission of client information when information is transmitted outside of Alberta but within Canada.

Regulated members using virtual care technology must comply with current regulations by taking “reasonable measures” to guard against unauthorized access to information when delivering virtual care. There should be:



- Security of data transmission: For example, a secure internet service is utilized for virtual care sessions or to transmit information, through **end-to-end encryption** or use of a **Virtual Private Network (VPN)**.
- Security of access: Users are required to authenticate (password or other form of identification) on local area networks and video conferencing platforms.
- Security of data storage and retention: Appropriate storage and retention of all reports, images, and any video or audio recordings provided for, or generated from, the virtual care consultation is required.
- The destruction of images, audio, or clinical files must follow procedures outlined in the Clinical Documentation and Record Keeping Guideline which states that the security and confidentiality of records must be maintained during the disposal process. The files must be permanently purged from a computer hard drive. Simply deleting files is not adequate as they can be reconstructed.

In the event of a security breach involving personal or health information, regulated members and organizations should refer to relevant privacy legislation and/or consult legal counsel to determine reporting obligations.

The applicable privacy legislation depends on the regulated member's work environment or setting. For example, an audiologist or SLP working in private practice typically needs to comply with *PIPA*, and an audiologist or SLP working in the public health service typically needs to comply with *HIA*. However, if you are unsure, it is recommended to discuss with your employer, seek legal advice or contact the Office of the Information and Privacy Commissioner (OIPC) of Alberta.

It is the duty of the employing organization to implement and enforce appropriate policies regarding the security and confidentiality of records. Clinicians should review resources from the OIPC of Alberta website (<https://www.oipc.ab.ca/resources/a-to-z.aspx>) on topics such as how to manage emails, how to communicate with clients electronically, and cloud computing for small and medium-size enterprises.

All legislation is subject to updates and amendments thus clinicians need to remain vigilant in relation to current security and privacy regulations.



Obtain clients' informed consent to the proposed virtual services ensuring that clients are fully aware of the risks, benefits and other service options, and that they are free to refuse or revoke their consent for services at any time. Standard of Practice 1.7 Virtual

Informed Consent



All SLP or audiologists must obtain **informed consent** prior to engaging in virtual care. In cases where the client does not have the capacity to give consent, consent should be obtained with as much care and diligence as in a face-to-face consultation. It may be necessary to arrange for consent to be given by a substitute decision maker who has the appropriate legal authority (e.g., enduring guardianship).

The client must consent to virtual care as the mode of service delivery, for individual or group based (e.g., parent education), interactions. There are three aspects of informed consent:

- the client must be informed. Virtual care is still new to most clients. The information provided should cover the possible risks and benefits of virtual care, how it will be used in their individual circumstances, safeguards in place (particularly regarding privacy and confidentiality), and possible alternatives.
- the client needs to understand the information. This means the information must be presented in a way that the client can understand it. Where written information is provided, the client should have time to read it or speak to an appropriate person.
- the client's choice to accept the virtual care option, including the capturing of images and recordings (audio or video). If the SLP or audiologist is only providing virtual care (i.e., not providing in-person services), and a client does not want to engage in virtual care then the clinician is expected to make reasonable attempts to find alternative in-person services for the client.²

Images or Recordings (video or audio recordings):

When delivering virtual care, the SLP or audiologist may have a specific purpose for capturing images or recordings. For example, videos may be used to monitor and document treatment progress (e.g., to record changes in speech or fluency, document parent/child interaction using strategies) or for quality assurance purposes (e.g., to ensure the SLP or audiologist is following assessment or intervention protocols). The client must be informed about this rationale, how the image or recording will be used and how they will be stored. Client consent for digital images, an audio or video recording can be given verbally but this must be documented in the client's clinical record. Appendix B provides an example of virtual care consultation consent form developed by the Australian College of Rural and Remote Medicine¹⁰, including consent to record a consultation (or part thereof).

There may also be situations where a client collects and wants to share images and video or audio recordings with the clinician. It is the clinician's responsibility to make sure that the client is aware of the privacy and safety considerations when the client shares clinical recordings. The clinician cannot absolve themselves of privacy and safety responsibilities even if a client indicates that they are not worried about such considerations and wants the clinician to use a platform or an approach that does not meet our legislated requirements.¹¹

Professional Liability Insurance

All regulated members must have their own professional liability insurance. Individual insurers have their own terms and conditions. Anecdotally, many insurance providers will not cover virtual services that are carried out across national borders. Any practitioner planning to deliver virtual care services should be informed regarding their professional liability insurance policy and coverage for virtual care services.

Technical Requirements

The technology used for video consultations needs to be safe, provide an effective video conferencing platform, and fit for the clinical purpose of the consultation. Equipment and networks need to be secure to ensure client privacy and confidentiality. If a clinician is using a shared device, it must have separate user accounts and passwords. Equipment should also be:

- reliable and work well over available networks and bandwidth,
- user-friendly and compatible with equipment used by both the allied health provider and the client,
- of a quality that enables good communication between participants and appropriate clinical assessment.

Choosing a Platform

ACSLPA is not able to endorse or recommend one platform over another. Table 1 outlines factors to consider when selecting video conferencing software.

Table 1: Platform Considerations

Security and compliance	<ul style="list-style-type: none">• Does the technology ensure privacy and confidentiality?• Does it outline how the client information is stored and shared with the vendor’s servers?• Does the platform comply with required legislation?• Does it offer end-to-end encryption that prevents third parties from reading or accessing private communications?
Functionality	<ul style="list-style-type: none">• Will it allow the SLP or audiologist to achieve what they need to clinically?• What is the cost and licensing/subscription fees? Are there additional fees (e.g., training, customization)?
Flexible access for providers and clients	<ul style="list-style-type: none">• Does the software function on a multitude of devices (computer, tablet or smartphone)?• Does the software operate the same irrespective of the age of the devices?• Does the software avoid the need for installation or downloads?• Can the software be accessed from any tool that connects to the internet?
Workflow and ongoing support	<ul style="list-style-type: none">• Does the software provider offer support to help troubleshoot technical issues?• Does it offer real-time support?
Ease of use	<ul style="list-style-type: none">• Is the platform user friendly – for the SLP or audiologist and the client? Consider the steps involved to log on, access a video session and use the platform’s features.• Does the vendor offer a free-trial, demonstrations and/ or references?
Scheduling	<ul style="list-style-type: none">• How does the platform manage scheduling?• Consider who can book appointments?• Does it send an appointment reminder?
Other considerations	<ul style="list-style-type: none">• Does it integrate with other systems?• Is the platform scalable and adaptable over time?

When selecting a platform, regulated members should be mindful of:

- The platform's privacy (i.e., encrypted) and security settings. Individuals need to ensure they comply with all relevant privacy legislation. Note: *PIPEDA*⁹ may apply if virtual care is being provided across provincial boundaries.
- The platform's information storage. Storage of information includes, documents, photos, audio files and video files. Ideally information should be stored in a secure cloud in Canada. Personal information that is transferred to another country (i.e., stored on a server in another country) is subject to the laws of that jurisdiction.¹² Information about where cloud technology is housed should, therefore, be disclosed to clients.

Choosing Technical Equipment

In addition to an internet-enabled device and video conferencing platform, virtual care video consultations require good-quality audio and video to maximise communication during the consultation. The quality of care that can be delivered via virtual care depends on the quality of technical equipment, systems, and connectivity. Consultation from an information technology company may be of assistance

It is important to have sufficient internet speed (the speed at which information is transferred) and bandwidth (the capacity of an individual's internet connection). Slow internet speeds and decreased bandwidth (influenced by devices utilizing that internet connection) may cause increased pixelating/freezing and intermittent audio. The use of an ethernet cable versus wi-fi will provide a more stable internet connection

Smart devices with video apps are convenient for clients but dedicated videoconferencing equipment is recommended for providers. A separate webcam for image acquisition and a separate monitor for display are recommended. Web cameras built into laptops and screens are generally low quality and performance can depend on lighting conditions. An external webcam will provide higher resolution images that are more appropriate for the purposes of virtual care.

When choosing a webcam, consider the field of view required and the need to zoom in and out. If you are going to be demonstrating an activity the SLP or audiologist may be further away from the camera at different times during the consultation. You may even want to have multiple cameras to show different angles. When setting up a webcam, keep the camera close to eye level to help create the perception of eye contact during conversation.

Even in a video consultation, audio quality is important, particularly for activities that require good audibility and precise sound production. An external or stand-alone headset is recommended as it produces the best quality audio as the distance between the microphone and speaker's mouth remains constant regardless of their position. This may be important if the clinician is demonstrating something away from the computer during a consultation (a wireless headset may be the best option in this case). Headsets also help reduce feedback and echo.

Additional items that may be helpful to optimize the virtual care session include having remote access so that the clinician can control the client's camera (regulated members should be aware that remote access can increase vulnerability and that they need to ascertain that there are rigorous security controls in place should they choose to use such an option), and a document camera that allows the clinician to magnify and project images and transparencies.

The SLP or audiologist delivering virtual care should know how to test the communications software and hardware. This includes any external audio/visual devices or other equipment connected to the video conferencing platform. They should also know how to adjust any equipment as needed during a consultation.

Environment

After considering all technical software and hardware requirements for video consultations, it would be easy to overlook the consultation setting. An appropriate, fit-for-purpose space for conducting video consultations has:

- a quiet room where the consultation will not be interrupted by background/external noises and the conversation/interactions during the virtual care consultation will not affect others (a carpeted room will have better acoustics),
- a private space to protect the privacy and dignity of clients and ensure that any sensitive health or medical information discussed remains private,
- a plain background with no visual distractions,
- good lighting (natural lighting, if possible, and no bright lights behind the provider),
- ready access to clinical equipment that may be needed during a video consultation,
- no visible confidential information or medical images in the background of the video consultation.

Clients should also be encouraged to use a private room. This should be a safe space where they will not be disturbed, with adequate lighting and minimal background noise.

Managing Technical Issues

Technical failures can sometimes occur when using video conferencing platforms. You need to have a contingency plan in case this happens during a virtual care video consultation. This should be covered briefly with clients prior to or at the beginning of a video consultation.

The contingency plan could be as basic as completing an interrupted consultation by phone. It is important to confirm with clients' contact details and ensure they have their phone with them to enable this.

If there are problems with the quality of a video consultation, there are some other options that the SLP or audiologist can try:

- if video quality is poor, the clinician can turn the video off and proceed with audio only,
- if audio is poor, the SLP or audiologist can mute the audio and proceed with video, and use a phone for audio communication,
- the SLP or audiologist can reschedule the appointment if clinically necessary and/or appropriate.

The procedure for how to manage a technical failure during a video consultation should be documented and private practitioners or individuals (and organizations) should include this information in a practice manual and staff virtual care training manual. The SLP or audiologist should be sure that:

- they are aware of and follow procedures for technical failure,
- they can troubleshoot common technical problems,
- they know who can provide technical support within the practice, or they know who to access for technical support for video conferencing equipment and connectivity.

Getting Started



A regulated member of ACSLPA will make informed decisions based on best practices, evidence and sound professional judgement as to whether virtual care is an appropriate option to address specific clients’ needs. Standard of Practice 1.7 Virtual Care- Indicator

Assessing the Benefits and Limitations of Virtual Care

A video consultation is not the same as a face-to-face service and while there are benefits, there are also some inherent limitations. Clinicians need to be aware of and look to current and ever emerging literature on which populations, conditions, and activities are and are not well served through virtual care. Regulated members need to be confident that they can conduct a valid and reliable diagnosis, assessment, treatment, consult or educational session via video consultation. Clinicians also need to consider that there may be barriers to client participation in a video consultation or limitations to the consultation that can be conducted via video. Clinicians should also be aware if a third-party funder has any limitations on the use of virtual care for assessment or intervention purposes.

Clinical Risk Related to Virtual Care



The SLP or audiologist must also determine if there are any clinical risks related to the use of virtual care. For example, ACSLPA’s [Virtual Audiology Practice Advisory Statement](#)¹³ indicated, “there are aspects of audiology services that do not translate to adequate and safe delivery without an audiologist working with intermediary support personnel who have access to appropriate equipment and can be with the client, face-to-face.”

Selecting Clients for Virtual Care

Understanding people’s barriers to engaging in video consultation can help determine which clients may achieve the greatest benefits from virtual care, and which clients may need additional support. SLPs and audiologists need to consider whether a valid and reliable assessment of a client’s condition can be made via video conferencing, and whether quality services and interventions can be meaningfully supported using this medium. The decision to use virtual care should be made on a case-by-case and day-to-day basis.



A regulated member of ACSLPA will ensure they have acquired the necessary knowledge, skills, and support (e.g., technical, communication, observation) to effectively deliver client services virtually. Standard of Practice 1.7 Virtual Care- Indicator A

Consider factors such as access to services, validity and reliability of assessments, quality of services and interventions, risks associated with remote service delivery, and client characteristics (Table 2).

Table 2: Determining Virtual Care Fit

Client Candidacy for Virtual Care		
	Strong/good fit	Weak/poor fit
Access to services	<ul style="list-style-type: none"> Best means available to access services (e.g., decrease exposure to infection). Limited access to face-to-face services. Travel is a significant barrier for the client (for example the client's medical history and concomitant conditions make virtual care a good option). 	<ul style="list-style-type: none"> Client has access to face-to-face services. Travel is not a significant barrier for the client.
Validity and reliability	<ul style="list-style-type: none"> A virtual version of the standardized assessment exists. No specific publisher or copyright restrictions on assessment are noted. Possible to obtain valid and reliable client responses 	<ul style="list-style-type: none"> No virtual version of the standardized assessment exists. Specific publisher or copyright restrictions noted on assessment. Uncertainty about the validity and reliability of the client's responses
Quality services:	<ul style="list-style-type: none"> Quality evidence* for using technology to deliver this service (assessment or treatment target). Highly appropriate model of care for client condition. 	<ul style="list-style-type: none"> No or weak evidence for using technology to deliver this service (assessment or treatment target). Less appropriate model of care for client condition.
Likelihood of risk using technology to deliver service	<ul style="list-style-type: none"> Minimal risk of an adverse event posed to client compared to face-to-face sessions. 	<ul style="list-style-type: none"> Significant risk of an adverse event posed to client compared to face-to-face sessions (e.g., perforate ear drum)
Client Characteristics:	<ul style="list-style-type: none"> Able to provide informed consent and participate in virtual sessions. The client's comprehension, literacy, speech intelligibility, and/or cultural/linguistic variables have little or no influence on the successful use of virtual technologies. 	<ul style="list-style-type: none"> Not able to provide informed consent and participate in virtual sessions. The client's comprehension, literacy, speech intelligibility, and/or cultural/linguistic variables limit. the feasibility of using virtual technologies.
Support within the client's environment (as required)	<ul style="list-style-type: none"> Support personnel, care provider are available & they are qualified, competent, & possess skills necessary to safely & effectively perform their duties. In an emergency, they can assist the client and contact emergency services. 	<ul style="list-style-type: none"> No support personnel, care provider available or support personnel, care provider are available but lack competence & skills necessary to safely & effectively perform their duties. In an emergency, not comfortable assisting client or contacting emergency services.
Client or support person able to use technology	<ul style="list-style-type: none"> Access and experience with technology. 	<ul style="list-style-type: none"> No access or experience with technology.
Client access to technology	<ul style="list-style-type: none"> Quality technology available within the client's environment. 	<ul style="list-style-type: none"> Not in existence or available within the client's environment.

*According to the American Speech Language and Hearing Association¹⁴ there is a growing body of evidence demonstrating the comparability of virtual care to face-to-face services and SAC provides lists of virtual care resources for the SLP¹⁴ and the audiologist.¹⁶

As part of the client screening process, providers should consider the likelihood of an adverse event or deterioration in a client's condition and whether virtual care is an appropriate form of care. If it becomes evident during the video screening that in-person care is required, it is important to communicate this to the client and arrange for a face-to-face consultation.

If clinical risks exist, regulated members must consider how they might overcome those, and have contingency plans for any adverse events. This plan is discussed with the client and relevant others as part of the consent process. The SLP or audiologist should also consider any risks that might arise from the client's participation during the consultation. Video consultation may still be used in these circumstances, but the client should be informed and given the option of having someone present for support or seeking a face-to-face consultation instead.

Informing Clients About Virtual Care

Once video consultation is deemed an appropriate option for a client, the client's informed consent is required to proceed. This involves both informing the client about the benefits and risks of virtual care and understanding their preferences, in addition to the usual informed consent requirement.

Regulated members need to ensure that clients fully understand what virtual care entails, how it will be used in their individual circumstances and how the SLP or audiologist will safeguard the client's privacy and confidentiality.

Clients should be provided with the following information to make an informed choice:

- the purpose of the video consultation (i.e., possible benefits),
- any possible risks associated with receiving care via video technology and discussion about how risk would be managed,
- what a video consultation involves (e.g., duration of the session, images, audio or video recordings,
- that they may have a family member/caregiver/other support person with them during the consultation,
- how their privacy and confidentiality will be managed and protected,
- their right to cease virtual care services at any time,
- other available care options.

When written information is provided, it should be written in plain language, clearly explaining the above, with enough time for the client to make a decision (refer to the previous section entitled Informed Consent).



A regulated member of ACSLPA will take all reasonable steps to mitigate risks for the client, including ensuring that a person who may be assisting them in their physical space has the qualifications, competencies and skills necessary to safely and effectively perform their duties.

Standard of Practice 1.7 Virtual Care- Indicator F

Participation by Third Parties

Participation by caregivers and family members in virtual consultations can be beneficial to clients by providing them with hands-on support in their own environment. In situations where a third party, such as a parent or spouse, is supporting the client, the SLP or audiologist needs to ensure that the third party has the necessary competencies and/or skills to safely and effectively provide the hands-on assistance that is required. Other professionals or support staff may also be involved in a virtual care service. For example, support personnel in a childcare facility may participate in a virtual care consultation, providing direct support for the client and an opportunity to communicate with other members of the client's care team.

It is important to obtain a client's informed consent to have any extra participants in a consultation. This applies to any additional healthcare professionals or assistants that may join the consultation, or a client support person that joins from a different location to the client.



Support personnel are individuals who, following academic and/or on-the-job training, perform activities that are assigned and supervised by a SLP or audiologist registered with ACSLPA. They can engage in virtual care provided there is appropriate supervision provided by a regulated ACSLPA member and that they have been deemed competent in the services they are providing, and with the technology they are using. For further information refer to the [*Speech-Language Pathologists and Audiologists Guideline for Working with Support Personnel*](#)¹⁷.

Preparing for the Consultation

Preparing for the Session

Before conducting a video consultation, regulated members should consider both the clinical and technical perspectives of the consultation. Although the aim is to reproduce a face-to-face consultation as closely as possible, there are some limitations to video consultations. Providers should consider:

- the client goals for the session and how they can be achieved given the video medium, the client's 'remote' location and their non-clinical environment
- risks of any activities that may be used as part of clinical assessment or intervention (e.g., client choking or aspirating during feeding).

Before commencing a video consultation, providers should also:

- review protocols for video consultations and contingency procedures for how to proceed in case of video technical failure,
- ensure that the webcam or device being used for videoconferencing is fixed or on a stand to eliminate camera movement,
- have a phone ready for backup and the client's phone number for alternate communication in case of video failure,
- test audio and video on the video conference platform prior to connecting with the client, and
- ensure any clinical materials that may be required are readily available.

Preparing the Client

The SLP or audiologist should provide information about the video consultation to the client ahead of the consultation itself via telephone, mail or electronic messaging. This will give them time to understand the benefits and risks of virtual care, how the consultation will work, how to prepare to get the most out of the consultation and allow them time to make informed choices with opportunities to

ask questions. Such information could include:

- appointment details and any related requirements (e.g., asking the client to 'arrive' a few minutes early for the consultation).
- instructions for the video consultation such as:
 - what equipment and/or platform is required to participate,
 - how to set up their own environment for the consultation,
 - how to test the system before the consultation,
 - the option (or necessity) for the client to be accompanied by a family member, caregiver or guardian,
 - what identifying information they will be asked to provide at the beginning of the consultation (e.g., their name, address, and date of birth). Personal identifying information should be limited to what is need for the intended purpose,
 - a reminder to write a list of any questions they may like to ask during the consultation,
 - preparing an activity for the client to engage in (e.g., having a newspaper available for a client to read or having ingredients for a client to prepare a snack).
- instructions on how to proceed in the case of a technical failure (e.g., have a phone to use as backup, who will call whom). Confirm telephone contact details.
- Confirmation of physical address of client location in the event of an emergency during the virtual visit to allow the SLP or audiologist to contact 911.

- a consent form for the video consultation (possibly including consent to record the consultation if necessary).
- internet data usage for video conferencing (e.g., little or no data may be used while in a virtual waiting room, low-speed internet may affect image quality during the consultation). Encourage the client to contact their internet or cellular service provider to find out if there might be charges incurred for using the client's plan.
- details of any costs associated with the consultation and how billing will be processed.

The SLP or audiologist may find it useful to create a brochure or online information sheet that covers the above information and provides forms for any information to be collected. This should include a statement that it is generic information for conducting a virtual care consultation, that there will be an opportunity to ask questions and discuss the information presented, and that the information does not provide individualised or clinical advice.

Prior to the appointment the SLP or audiologist should provide instructions on how to connect, and an additional email may be sent just prior to the appointment as a reminder confirming the appointment date and time.

During the Consultation

Introductions and Identity Confirmation on the First Visit

In a face-to-face consultation, SLP or audiologists introduce themselves and carry out basic identity checks on each client. It is useful to have similar processes at the beginning of a virtual care video consultation.

- SLP or audiologist introduces themselves, including their name, position, and reason for the call. Confirming identity is particularly important for clients who may have impaired vision (including not wearing their glasses). Anyone else with the provider should also be introduced.
- Have the client confirm their name.
- Ask if the client can hear and see you properly.
- Ask if there is anyone else in the room with the client. If so, they should be introduced and moved so they are in view of the camera.
- Confirm the client's phone number and address. Let them know how you will proceed/contact them if there are technical difficulties during the consultation and the importance of their address in the event of an emergency.

Privacy and Security

Once the introductions are over, it is important to address security issues. You should confirm with the client that:

- the session is private, and the technology being used is secure,
- session recording is disabled, unless the client has provided verbal/written informed consent to have the session recorded,
- the client agrees to proceed.

As a precaution, cameras and microphones should be turned off when not in use.

Technical Optimization

Testing and adjusting webcams and microphones at the beginning of a video consultation will help ensure good interaction. Other tips for video conferencing may help maximize the quality and clinical value of the virtual care video consultation.

Tips for the SLP or audiologist include:

- placing any external microphones in close proximity to you, but away from other sources of noise that could be amplified by the microphone (e.g., paper rustling or air conditioners),
- minimizing background noise [e.g., typing on computer keyboard (mute audio when typing) or consider using a headset if this will be a consistent part of your video consultations],
- adjusting the camera angle to allow 'eye contact' with the client where possible,
- adjusting your position so that the webcam view of you is filled with your head and shoulders.

Tips for the client include:

- switching mobile phones off or to silent mode,
- minimizing background noise,
- using a mobile phone headset, if required,
- speaking clearly, without raising their voice and one at a time (if more than one person is participating)
- sitting so that all participants can be seen,
- adjusting the camera or lighting conditions so that the SLP or audiologist can see their face clearly,
- include closed captioning as helpful.

Ending the Consultation

At the end of the session the clinician may:

- summarize what was discussed,
- agree on the next steps for the client's management,
- ask the client for any feedback on the virtual care session,
- confirm the date/time of their next appointment or recommend a timeframe for their next appointment, and whether that will be a face-to-face or video consultation.

After the Consultation

Documentation

As with face-to-face consultations, it is important to document video consultations with clients. This obligation exists even where the consultation is recorded, and should include standard clinical notes such as reason for referral/presentation, assessments, outcomes, plans and follow-up care, as well as:

- documenting that the consultation was conducted virtually,
- recording the identities of all participants in the video consultation,
- if consent was provided to record the consultation, indicating where these are stored,
- any clinical limitations resulting from the use of a virtual platform,
- any technical malfunctions that may have compromised the video consultation.



Notes should be written up as soon as possible after the consultation to provide a complete and accurate record. Refer to the [Standard on Documentation and Information Management](#)¹⁸ and/or the guideline on [Clinical Documentation and Record Keeping](#)⁴.

Understanding the Client Experience

After a client's first video consultation, it is important to find out how they found the experience. It is also a good idea to have regular client evaluation if video conferencing is going to be an ongoing part of your practice.

You may want to ask questions about:

- the information and instructions provided prior to the video consultation,
- the quality of video and audio during the consultation and any technical difficulties,
- the quality of care and information provided via the video format,
- their willingness to have a virtual care video consultation in the future,
- what could be done to improve the service?

Client evaluations can be obtained by a follow-up phone call after a video consultation or by sending them an online survey.

Quality Assurance

Client feedback can help improve the quality and safety of your practice's video consulting service and is an important part of quality assurance and continuous improvement processes.

Recording and monitoring client evaluations will provide information service improvement and risk management strategies in areas such as:

- client communication processes,
- data management and storage processes,
- the video consultation technique,
- the video conferencing platform.

Virtual Care and Jurisdictional Boundaries

Offering Virtual Care Beyond the Province of Alberta



A regulated member of ACSLPA will practice within the legislated scope of practice for the province(s) in which they are registered. Standard of Practice 1.7 Virtual Care- Indicator D

An SLP or audiologist may receive requests or want to serve clients who live outside Alberta or Canada, either on a short-term or on a more permanent basis. Sample scenarios include and are not limited to the following:

- ACSLPA registered SLP or audiologist in Alberta serving client (Albertan) who is visiting/living in another jurisdiction (may be short- or long-term “visiting”)
- Client with residency or guardians in more than one jurisdiction (lives part time in Alberta, part time elsewhere)

Regulated members who provide professional services to clients residing outside of Alberta are responsible for being informed of, and practicing in compliance, with the legislated requirements of the applicable jurisdiction irrespective of the duration of the services.



If the client resides in a jurisdiction where the professions are regulated, the SLP or audiologist should inquire as to whether the regulating body offers a **courtesy or temporary registration**.

The ability to be registered as a courtesy or temporary registrant is typically linked to one’s registration in their primary jurisdiction. The SLP or audiologist should also review their liability insurance and inquire as to whether their insurance provider covers complaints that may arise in other provinces/territories or countries. In discussion with the insurer the SLP or audiologist should indicate that the services are being offered virtually and the location where the client resides.

If the client resides in a jurisdiction where the professions are not regulated, the SLP or audiologist should inquire with local government agencies and/or professional associations.

SLPs and Audiologists Residing Outside Alberta Who are Offering Virtual Care to Alberta Residents

An SLP or audiologist who provides professional services to the Alberta public from both within and outside of Alberta must be registered with ACSLPA. For those who reside outside of Alberta ACSLPA does have a courtesy register that allows practitioners to be registered in Alberta for a short term for a narrowly focused specific purpose, provided they are registered in good standing in another jurisdiction. Further details and requirements can be found on ACSLPA’s website (<https://www.acslpa.ca/courtesy-registration/>).



An SLP or audiologist residing outside of Alberta but delivering services to a resident of Alberta needs to comply with the sections in this guideline, ACSLPA’s [Code of Ethics](#)², and the [Standards of Practice](#)³.

Application of Virtual Technology and Other Activities

This document has focused on virtual care to clients. Technology may also be used for supervision, mentoring, and continuing education. Davis-Maille & Belanger¹⁹ indicated that SLPs and audiologists have long been engaged with telepractice and telesupervision and that supervision conducted via technology achieves many of the same benefits as face-to-face supervision. The authors share virtual supervision strategies and technical recommendations to enhance online interactions.

Appendix A: ACSLPA Virtual Care Checklist for Delivering Quality Services

This checklist provides an SLP or audiologist with important factors to consider and implement if they are engaging in virtual care. The checklist is consistent with ACSLPA's Virtual Guideline.

1. Safety and Quality
2. Technical Requirements
3. Getting Started
4. Preparing for the Consultation
5. During the Consultation
6. After the Consultation
7. Virtual Care and Jurisdictional Boundaries

1. Safety and Quality

STEPS	COMPLETION	NOTES
Review ACSLPA's Code of Ethics, Standards of Practice , and the Advisory Statement: Virtual Audiology Practice as the same professional standards of practice for face-to-face client care must be maintained when delivering virtual care.		
Review or develop structures and processes that are specific to delivering virtual care. Organizations that employ SLPs or audiologists will likely have developed policies and procedures related to delivering virtual care. For those in private practice the development of policies and procedures are encouraged.		
Review ACSLPA's Clinical Documentation and Record Keeping Guideline as it addresses the responsibilities of the regulated member in the preparation, maintenance, communication, safeguarding, and disposal of clinical records.		
Review provincial and federal legislation (e.g., <i>PIPA</i> , <i>HIA</i> , <i>ATIA</i> , <i>POPA</i> & <i>PIPEDA</i>) requirements for electronic storage and transmission of client information.		
<p>Develop or review virtual care informed consent. Ensure it addresses:</p> <ul style="list-style-type: none"> • Risks & benefits of virtual care <ul style="list-style-type: none"> ○ Does the client know the purpose of the video consultation (i.e., likely benefits)? ○ Is the client aware of any possible risks associated with receiving care via video technology? ○ Does the client understand their right to cease virtual care services at any time? ○ Is the client aware of any out-of-pocket costs for the consultation? ○ Is the client aware of other available care options? • Explains how virtual care will be provided <ul style="list-style-type: none"> ○ Does the client know what a video consultation involves (e.g., duration of the session, images, audio, or video recordings)? • Safeguards re: privacy & security <ul style="list-style-type: none"> ○ Has the client consented to having a family member, care provider or other support person with them during the consultation? ○ Does the client understand how their privacy and confidentiality will be managed and protected? • Consent for images, video and/or audio recording 		
Review professional liability insurance to ensure it covers risks associated with delivering virtual care and that it covers across provincial and/or national borders, as required.		

2. Technical Requirements

STEPS	COMPLETION	NOTES
Select a virtual care platform – consult with an IT provider. Consider: <ul style="list-style-type: none"> • Functionality of the system • Security of the system • Accessibility of the system 		
Select technical equipment: Consider: <ul style="list-style-type: none"> • Internet capabilities (speed and bandwidth) • Webcam • Microphone and speakers 		
Design virtual environment to maximize quality: <i>The SLP's or audiologist's space:</i> <ul style="list-style-type: none"> • Quiet private space • Limited visual distraction in background • Adequate lighting • Easy access to clinical equipment 		
Know how to solve technical problems during a consultation: <ul style="list-style-type: none"> • Aware of quick fixes to try with client in the event of poor video • Aware of quick fixes to try with client in the event of poor audio • Aware of procedure to follow if technical failure occurs (have the client's phone number) • Aware of technical support contact(s) 		

3. Getting Started

STEPS	COMPLETION	NOTES
For the proposed assessment(s) or intervention(s) is(are) there clinical risk(s) associated with the use of virtual care?		
<p>Consider the client's candidacy for virtual care:</p> <ul style="list-style-type: none"> • Is virtual care the best means available to access services for the client? • Will the validity and reliability of the assessments and interventions be maintained? • Will the quality of services be maintained when delivered virtually? • Is there a likelihood of risk using technology to deliver service? <ul style="list-style-type: none"> ○ If yes, what contingency plans are in place? • Is virtual care appropriate given the client's characteristics? • Are support personnel or other care providers available and are they qualified, competent and possess skills necessary to safely and effectively perform duties in a remote location? <ul style="list-style-type: none"> ○ Does the support personnel have adequate competency, training and supervision? • Review Speech-Language Pathologists' and Audiologists' Guideline for Working with Support Personnel. • Does the client have access to technology? • Is the client or support person able to use the technology? 		
<p>Has the client been informed about virtual care by the SLP or audiologist?</p> <ul style="list-style-type: none"> • Does the client know the purpose of the video consultation (i.e., likely benefits)? • Is the client aware of any possible risks associated with receiving care via video technology? • Does the client know what a video consultation involves (e.g., duration of the session, images, audio or video recordings)? • Has the client consented to having a family member, care provider or other support person with them during the consultation? • Does the client understand how their privacy and confidentiality will be managed and protected? • Does the client understand their right to cease virtual care services at any time? • Is the client aware of any out-of-pocket costs for the consultation? • Is the client aware of other available care options? 		
<p>Consider third party participation and who should be included:</p> <ul style="list-style-type: none"> • Care providers or family members? • Other professionals or support staff? • Has the client consented to third party participation? 		

4. Preparing for the Consultation

STEPS	COMPLETION	NOTES
<p>SLP or audiologist preparation. Consider the following:</p> <ul style="list-style-type: none"> • Are the goals for the virtual session clear? • Are there risks associated with any activities? <ul style="list-style-type: none"> ○ If yes, what are the contingency plans? ○ Has the client's location been confirmed in the event of a medical emergency? ○ Protocols for how to proceed in case of an emergency have been reviewed? • Protocols for video consultations and contingency procedures for how to proceed in case of video technical failure have been reviewed? • The webcam or device being used for videoconferencing is fixed or on a stand to eliminate camera movement? • A phone is ready for backup and the client's phone number is available for alternate communication in case of video failure? • Audio and video on the video conference platform have been tested prior to connecting with the client? • Clinical materials that may be required during the session are readily available (for both the client and service provider)? 		
<p>Client preparation:</p> <ul style="list-style-type: none"> • Client has appointment details and any related requirements (e.g., asking the client to 'arrive' a few minutes early for the consultation)? • Client has instructions for the video consultation such as: <ul style="list-style-type: none"> ○ what equipment and/or platform is required to participate; ○ how to set up their own environment for the consultation (a quiet private space, adequate lighting, and limited background noise are recommended); ○ how to test the system before the consultation; ○ the option (or necessity) for the client to be accompanied by a family member, care provider or guardian; ○ what identifying information they will be asked to provide at the beginning of the consultation (e.g., their name, address and date of birth); ○ a reminder to write a list of any questions they may like to ask during the consultation. • The contingency plans have been reviewed with the client in the event the client has a medical emergency with client location confirmed. • Client has instructions on how to proceed in the case of a technical failure (e.g., have a phone to use as backup, who will call whom) • Client confirmed telephone contact details prior to the consultation and have a phone close by during the consultation in case of video technical failure • Client has consent form for the video consultation (including consent to capture images or record the consultation if necessary) • Client aware of internet data usage for video conferencing (e.g., little or no data may be used while in a virtual waiting room, low-speed internet may affect image quality during the consultation) • Client has details of any costs associated with the consultation and how billing will be processed. 		

5. During the Consultation

STEPS	COMPLETION	NOTES
<p>If it is the first visit begin with introductions and identity confirmation:</p> <ul style="list-style-type: none"> • SLP or audiologist introduction, including name, position and reason for the call. Confirming identity is particularly important for clients who may have impaired vision (including not wearing their glasses). Include introductions of others who may be accompanying the service provider. • Have the client confirm their name. • Ask if the client can hear and see you properly. • Ask if there is anyone else in the room with the client. If so, they should be introduced and moved so they are in view of the camera. • Confirm the client's phone number and let them know how you will proceed/contact them if there are technical difficulties during the consultation. 		
<p>Review privacy and security with the client by confirming:</p> <ul style="list-style-type: none"> • the session is private and the technology being used is secure; • session recording is disabled or will be enabled and rationale for this; • the session will only be recorded with the client's verbal or written informed consent; • the client agrees to proceed. 		
<p>Technical optimization:</p> <p><i>Tips for the SLP or audiologist:</i></p> <ul style="list-style-type: none"> • place any external microphones in close proximity to you but away from other sources of noise that could be amplified by the microphone (e.g., paper rustling or air conditioners); • minimize background noise [e.g., typing on computer keyboard (mute audio when typing) or consider using a headset if this will be a consistent part of your video consultations]; • adjust the camera angle to allow 'eye contact' with the client where possible; • adjust your position so that the webcam view of you is filled with your head and shoulders. <p><i>Tips for the client:</i></p> <ul style="list-style-type: none"> • request they switch mobile phones off or to silent mode; • request that they minimize background noise; • request they use a mobile phone headset if required; • request that they speak clearly, without raising their voice and one at a time (if more than one person is participating); • request they sit so that all participants can be seen; • request adjusting the camera or lighting conditions so that the SLP or audiologist can see their face clearly. 		

End the consultation by:

- summarizing what was discussed;
- agreeing on the next steps for the client's management;
- asking the client for any feedback on the virtual care session;
- confirming the date/time of their next appointment or recommending a timeframe for their next appointment, and whether that will be a face-to-face or video consultation.

6. After the Consultation

STEPS	COMPLETION	NOTES
<p>Document video consultation. Include the following:</p> <ul style="list-style-type: none"> • Document standard clinical notes (reason for referral/presentation, assessments, outcomes, plans and follow-up care); • Document that the consultation was conducted virtually; • Record the identities of all participants in the virtual consultation; • If consent was provided to record the consultation, indicate where these are stored; • Record any clinical limitations from the use of a virtual platform; • Any technical malfunctions that may have compromised the video consultation. 		
<p>Follow-up with client to understand their experience. Inquire about the following:</p> <ul style="list-style-type: none"> • Was the information and instructions provided prior to the video consultation clear? • Was the quality of video and audio during the consultation satisfactory? • Did you experience any technical difficulties? • Was the quality of care and information provided via the video format satisfactory? • Are you willing to have a virtual care video consultation in the future? • Is there anything that could be done to improve the service you received? 		
<p>Track feedback according to:</p> <ul style="list-style-type: none"> • client communication processes • data management and storage processes • the video consultation technique • the video conferencing platform. 		

7. Virtual Care and Jurisdictional Boundaries

STEPS	COMPLETION	NOTES
<p>Offering virtual care beyond the province of Alberta:</p> <ul style="list-style-type: none"> • If the client resides in a jurisdiction where the professions are regulated, the SLP or audiologist should inquire as to whether or not the regulating body has a courtesy or temporary register. • If the client resides in a jurisdiction where the professions are not regulated, the SLP or audiologist should inquire with local government agencies and/or professional associations. • Review liability insurance and inquire as to whether or not their insurance provider covers complaints that may arise in other provinces/territories or countries. 		
<p>SLPs and audiologists residing outside Alberta who are offering virtual care to Alberta residents:</p> <ul style="list-style-type: none"> • Register: An SLP or audiologist who provides professional services to the Alberta public from both within and outside of Alberta must be registered with ACSLPA. <ul style="list-style-type: none"> ◦ Determine eligibility for ACSLPA's courtesy registry (https://www.acslpa.ca/courtesy-registration/). • An SLP or audiologist residing outside of Alberta but delivering services to a resident of Alberta needs to comply with the sections in this guideline, the Code of Ethics and the Standards of Practice. 		

Appendix B: Sample Video and/or Audio Consultation Informed Consent Form Developed by Australian College of Rural and Remote Medicine¹⁹

The benefits of having a video consultation can be:

- Reducing the waiting time to see a specialist or other distant service.
- Avoiding your need to travel to the specialist or other distant service.
- Assisting your local health service to better look after you.

I know that I might not receive all of these benefits.

The risks of having a video consultation can be:

- A video consultation will not be exactly the same, and may not be as complete, as a face-to-face service.
- There could be some technical problems that affect the video visit.
- This healthcare service uses systems that meet recommended standards to protect the privacy and security of the video visits. However, the service cannot guarantee total protection against hacking or tapping into the video visit by outsiders. This risk is small, but it does exist.

If the video visit does not achieve everything that is needed, then I will be given a choice about what to do next. This could include a follow-up face-to-face visit, or a second video visit.

I can change my mind and stop using video consultations at any time, including in the middle of a consultation. This will not affect my right to ask for and receive care.

I agree to have video consultations with:

Name of Client:

Signature of Client:.....

Date:

Additional Consent for Recording Audio, Video, or Images

I agree to have this video consultation recorded, or to have photographs taken. This material will be sent and stored securely and only used to benefit my health care.

I have the right to see the video or images, and to receive a copy for a reasonable fee. I understand that the service cannot guarantee total protection against hacking or tapping into the recording by outsiders.

Signature of Client:

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Glossary of Terms:

Access to Information Act (ATIA)	<i>ATIA</i> applies to public bodies in Alberta, including government departments and agencies, school boards and charter schools, post-secondary educational institutions, municipalities and police. It provides rules and processes for individuals accessing personal records that are in the control of public bodies and aims to protect confidential information required to ensure effective operations of government and public bodies. Health information may have additional restrictions under <i>HIA</i> .
Adverse Event	An undesired harmful event resulting from an intervention.
Asynchronous* <small>(*Definition retrieved from: https://www.asha.org/practice-portal/professional-issues/telepractice/)</small>	Refers to images or data that are captured and transmitted (i.e., stored and forwarded) for viewing or interpretation by a professional. Examples include transmission of voice clips, audiologic testing results, or outcomes of independent client practice.
Audiologist	An individual who is registered as a regulated member of ACSLPA and holds a valid practice permit. Audiologists have a responsibility to ensure that before performing any activity, whether restricted or not, that they are competent to perform the activity.
Client	An individual, family, substitute decision maker, group, agency, government, employer, employee, business, organization or community who is the direct or indirect recipient (s) of the regulated member’s expertise.
Competence /competent /competency	The combined knowledge, skills, attitudes and judgment required to provide professional services
Courtesy registration	In Alberta, ACSLPA has a courtesy register that allows practitioners to be registered in Alberta for a short term for a narrowly focused specific purpose, provided they are registered in good standing in another jurisdiction. Further details and requirements can be found on ACSLPA’s website (https://www.acslpa.ca/members-applicants/member-information-forms/courtesy-registration/).
End-to-end encryption	Encryption is applied on one device and only the device to which it is sent can decrypt it. The message travels all the way from the sender to the recipient in an encrypted form.
Face-to-face Care	In person services provided by regulated members to clients.

Health Information Act (HIA)	<p><i>HIA</i> governs health information by addressing protection of individually identifying health information. It defines individuals and organizations that it applies to as either custodians or affiliates.</p> <p>Under <i>HIA</i>, custodians are:</p> <ul style="list-style-type: none"> • gatekeepers who must be vigilant in determining what information will be collected, shared, and with whom it will be shared, in accordance with the legislation. • <i>HIA</i> and accompanying regulations define over 20 types of custodians, including provincial health boards (e.g., the Health Quality Council of Alberta), Alberta Health Services, nursing home operators, members of the College of Physicians and Surgeons of Alberta, members of the Alberta College of Pharmacists, licensed pharmacies, and the Minister and Department of Alberta Health and Wellness. • An affiliate, by contrast, is a person who: <ul style="list-style-type: none"> ○ is an individual employed by a custodian, ○ performs a service for a custodian as an appointee, volunteer, or student. Clinical Documentation and Record Keeping¹⁷ ○ performs a service for a custodian under a contract or agency relationship with the custodian. ○ is exercising the right to admit and treat patients at a hospital as defined in the Hospitals Act. ○ is an information manager, as defined by <i>HIA</i>; or ○ is designated under the regulations to be an affiliate. • The list of custodians has expanded to include regulated members of certain health professions and will continue to expand over time.
Informed Consent	<p>A client gives consent to receive a proposed service following a process of decision- making leading to an informed choice. Valid consent may be either verbal or written unless otherwise required by institutional or provincial/territorial regulation. The client is provided with sufficient information, including the benefits and risks, and the possible alternatives to the proposed service, and the client understands this information. The client can withdraw informed consent at any time</p>
Personal Information Protection Act (PIPA)	<p>In Alberta, <i>PIPA</i> governs personal information, including both health and non-health information, held by private-sector organizations.</p> <ul style="list-style-type: none"> • <i>PIPA</i> is applicable to private businesses (including private practices that provide SLP or audiology services), non-profit organizations and professional regulatory bodies. • Regulated members who are in private practice continue to be subject to <i>PIPA</i>.
Personal Information Protection and Electronic Documents Act (PIPEDA)	<p><i>PIPEDA</i> is a Canadian law relating to data privacy. It governs how private sector organizations collect, use, and disclose personal information.</p>

Protection of Privacy Act (POPA)	Like <i>ATIA</i> , <i>POPA</i> applies to public bodies in Alberta, including government departments and agencies, school boards and charter schools, post-secondary educational institutions, municipalities and police. <i>POPA</i> governs the ways public bodies may collect, use, or disclose personal information.
Quality Services	Services in the health care system as measured by accessibility, acceptability, appropriateness, efficiency, effectiveness, and safety factors
Record	Information in any form or medium, including notes, images, audiovisual recordings, x-rays, books, documents, maps, drawings, photographs, letters, vouchers and papers and any other information that is written, photographed, recorded or stored in any manner.
Regulated Member	An individual who is registered with ACSLPA in any of the categories of membership prescribed in Regulation and in the ACSLPA Bylaws.
Speech-Language Pathologist (SLP)	An individual who is registered as a regulated member of ACSLPA and holds a valid practice permit. SLPs have a responsibility to ensure that before performing any activity, whether restricted or not, that they are competent to perform the activity.
Synchronous* <small>(*Definition retrieved from: https://www.asha.org/practice-portal/professional-issues/telepractice/)</small>	Refers to services that are conducted with interactive audio and video connection in real time to create an in-person experience similar to that achieved in a traditional encounter. Synchronous services may connect a client or group of clients with a clinician, or they may include consultation between a clinician and a specialist.
Virtual Care	The provision of speech-language pathology and audiology services at a distance, using synchronous and asynchronous information and digital communications technologies and processes. Virtual care is often referred to as telepractice or virtual care services, and may include interactions between SLPs, audiologists and their clients, as well as interactions between health care providers. It may be used alone or in combination with face-to-face services for the purposes of diagnosis, assessment, treatment, consultation, and education.
Virtual Private Network (VPN)	A VPN protects an individual's internet connection and privacy online by creating an encrypted tunnel for data. It protects online identity by hiding an individual's IP address and allows for the use of public Wi-Fi hotspots safely.