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Audiologists Providing Clinical Services via Telepractice: Position Statement

Working Group on Telepractice

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**About This
Document**

This position statement was developed by the Telepractice Working Group, which was appointed as part of the 2001–2003 Focused Initiative on Technology. Members of the committee include: Amy C. Georgeadis, Gregg Givens, Mark Krumm (chair), Pauline A. Mashima, John M. Torrens, and Janet Brown (ASHA staff liaison). Pam Mason served as the ASHA audiology staff consultant. Celia Hooper, vice president for professional practices in speech-language pathology, 2003–2005, served as monitoring vice president.

**Audiologists
Providing Clinical
Services via
Telepractice:
Position Statement**

This position statement is an official policy of the American Speech-Language-Hearing Association.

Telepractice is the application of telecommunications technology to deliver professional services at a distance by linking clinician to client; or clinician to clinician for assessment, intervention, and/or consultation. It is the position of the American Speech-Language-Hearing Association (ASHA) that telepractice (telehealth) is an appropriate model of service delivery for the profession of audiology. Telepractice may be used to overcome barriers of access to services caused by distance, unavailability of specialists and/or subspecialists, and impaired mobility. Telepractice offers the potential to extend clinical services to rural, remote, and underserved populations, and culturally and linguistically diverse populations.

The use of telepractice does not remove any existing responsibilities in delivering services, including adherence to the Code of Ethics, Scope of Practice, state and federal laws (e.g., licensure, HIPAA, etc.) and ASHA policy documents on professional practices. Therefore, the quality of services delivered via telepractice must be consistent with the quality of services delivered face-to-face.