



**LINDA COYLE**

LTD

SPEECH & LANGUAGE THERAPY  
EXPERT WITNESS

**Teletherapy information pack for  
Medico-legal Speech & Language Therapy Assessments  
for adults**



Hello! My name is Linda Coyle, and I am a speech and language therapist. I have been asked to carry out a medico-legal speech and language therapy assessment on your behalf, or on behalf of a family member. Along with face to face appointments, I also provide assessments via teletherapy. This is basically speech therapy over the internet. In this information pack, I explain how teletherapy works, and give you information to help you have a successful online assessment.

**In this pack you will find:**

A description of how a medico-legal assessment works via teletherapy	2
Summary of my Privacy policy (GDPR policy)	5
Background information form (pdf and word doc available)	7
Consent form for teletherapy	9
Consent form for adults	10

Speech & Language Therapist,  
Music Therapist,  
MA, BSc, MIASLT, MISTI.  
CORU no. SL010712

T: 00353 23 8853924  
M: 00353 87 6207065  
E: [info@lindacoyle.ie](mailto:info@lindacoyle.ie)  
[www.lindacoyle.ie](http://www.lindacoyle.ie)

## How teletherapy works

While in many ways a session via teletherapy can be quite similar to a face to face session, it is obviously not quite the same as working with someone in person. However, there are different things that we can do so that it works well.

### I. Preparing for assessment

**Contact details:** I need a contact e-mail in order to arrange the call, and also a mobile phone number in case there are any issues with connecting over the internet.

**Complete background information form:** Having some key information about you helps me to tailor the assessment to your needs. *Please return the form at least two weeks before the appointment date.*

**Complete consent forms:** Please fill and return the attached consent forms for teletherapy and for video recording. You can do this by i) printing out the forms, ii) completing them, iii) taking a photo of them, and iv) sending this by e-mail. Alternatively, you can send me an e-mail stating that you have consented to both teletherapy and video recording.

**Device for call:** Identify a device that you will use for the call. This could be a tablet or a laptop. Ideally the bigger the screen the better. Consider what positioning would work best for you.

**Headphones not required:** While headphones can be useful for better sound quality, these are not required. We can see what works best for you during the first session.

### 2. Prior to Zoom call

- Please choose a room which is quiet and relatively distraction free.
- In order to ensure optimal internet quality during the assessment, ask others in the house not to use the internet, particularly for online games, videostreaming such as Netflix or Amazon Prime, and/or to conduct video calls such as through Zoom, Skype or WhatsApp.
- Decide if you need to have someone with you during the assessment to help you with getting set up, and/or to support you during the call.

- It is important that there are no other children or adults present in the room during the assessment, unless they are specifically involved in it.
- If there is a particular time of day that works best for you, let me know and I will try to accommodate this.

### **3. How to log in to the Zoom call**

- I will email you a link to access the Zoom call before the session.
- Please reply to confirm that you have received the e-mail.
- You do not need a Zoom account to access the call, but it is useful if you have one.

### **4. Video recording the assessment**

Similar to a face to face assessment, I sometimes need to record specific parts of the session in order to carry out an effective assessment. I have attached a consent form and would like you to complete this prior to the Zoom call. I will let you know during the session when I am going to be recording you, and you will have the option to say “yes” or “no” to this at the time. Please be assured that any recording is purely for the purpose of getting a clear picture of your communication, and that I follow GDPR guidelines regarding people’s personal data.

## 5. Teletherapy assessment sessions

A speech and language therapy assessment typically takes around 2 hours to complete, but can be more or less than this depending on the areas that I am assessing. Usually the assessment is completed across two Zoom calls, but it is possible for this to happen over one call if appropriate.

### Zoom call 1 (1-1.5 hour)

While the session has been divided into two sections, in reality there is flexibility within the session.

**Initial interview:** The first part of the initial session will be an interview with you in order to get background information about you, and identify what the key challenges are for you at the moment. Other family members can be part of this interview if appropriate.

**Assessment:** The second part of the session will involve assessment. This can happen through a range of informal methods, such as through the use of pictures, text and/or through formal tests.

### Zoom call 2 (1 hour approximately)

**Assessment:** The assessment continues during the second Zoom call, following a similar format to session 1.

**Closing interview:** This is an opportunity for me to discuss with you the main areas that I identified in the assessment, and to check if this is an accurate reflection of how you speak and communicate. It also gives you a chance to add any observations that you have made from the assessment, and any other information which you feel is relevant. Again, other family members can be part of this if appropriate.

**Contact information:** If you have any queries, I can be contacted by e-mail at [info@lindacoyle.ie](mailto:info@lindacoyle.ie) or by phone on 087 6207065.

### **Summary of Privacy Policy for Medico-legal Services**

A full copy of Linda Coyle's privacy policy is available for download at <http://speechtherapycork.ie/privacy-policy/>

This includes a plain language privacy statement.

#### **There are 3 main types of data which Linda Coyle retains:**

- Clinical Data needed to provide a service.
- Financial Data from clients for billing.
- Contact Data from referrals.

#### **Linda Coyle keeps both physical and electronic records of clinical data in order to provide a service.**

- Preferred format is electronic for clinical data.
- Clinical data is deleted/confidentially destroyed upon written notification of settlement of the case. If there is a reason that this data needs to be deleted/destroyed prior to this, then the request must be made in writing to [info@lindacoyle.ie](mailto:info@lindacoyle.ie) citing that wish and providing an explanation as to why this has been requested.

#### **Linda Coyle keeps electronic records of Financial data from those who use her services.**

- Financial Data is kept for 6 years to adhere to revenue guidelines.
- Financial Data (including non-payment of bills) can be given to Irish revenue at revenue's request.

**Contact Data is kept for 6 years to allow processing of Financial Data if required.**

Only contact data relevant for financial records is retained. Contact data may be retained for longer for safety, legal request, or child protection reasons.

Financial data cannot be removed before 6 years; however, it can be shared with you to allow for any correction or for you should that be required.

Contact data cannot be removed before 6 years, however it can be shared with you to allow for any update or correction of material facts such as spelling of names, addresses, phone numbers etc.

**Third party sharing**

If you require data to be shared with any third party, you must request it via email to Linda Coyle, or via written request. Only the person listed as the key contact can request this if it is in the case of a minor.

For further information, you can email Linda Coyle at [info@lindacoyle.ie](mailto:info@lindacoyle.ie).



# LINDA COYLE

LTD

SPEECH & LANGUAGE THERAPY  
EXPERT WITNESS

## Background information form for medico-legal assessment via teletherapy for adults

### Contact details (for Zoom call)

Client's name:

Mobile number:

E-mail address:

Name of person completing form (if different):

Relationship to the client:

### Speech, language, communication

#### What areas are currently affecting you? Tick all that apply.

Speaking

Voice

Understanding what others are saying

Remembering what people have said to you

Having a conversation

Putting together a sentence

Reading

Writing

Spelling

Other \_\_\_\_\_

Speech & Language Therapist,  
Music Therapist,  
MA, BSc, MIASLT, MISTl.  
CORU no. SL010712

T: 00353 23 8853924  
M: 00353 87 6207065  
E: [info@lindacoyle.ie](mailto:info@lindacoyle.ie)  
[www.lindacoyle.ie](http://www.lindacoyle.ie)

**What is your vision like?**

**What is your hearing like?**

**Occupation: What do you do for a living?/What did you used to do for a living?**

**Hobbies/interests: What do you enjoy doing?**

**Is there anything you would like me to know about you before I meet you?**





**LINDA COYLE**

LTD

SPEECH & LANGUAGE THERAPY  
EXPERT WITNESS

## **Consent for teletherapy**

In consenting to a medico-legal assessment via teletherapy it is necessary that you understand and accept the following:

- That my service will be provided via teletherapy over a video conferencing platform such as Zoom, and through other communication and electronic tools (for example, e-mail, Whatsapp, Dropbox)
- That there are potential risks involving technology, including but not limited to: Internet interruptions, and technical difficulties. These difficulties can disrupt a session and may result in sessions needing to be re-scheduled.
- You understand that you are responsible for information security on your computer and in your own physical location.
- You understand that you are responsible for creating and maintaining your user name(s) and password(s) and not share these with another person.
- You understand that you are responsible to ensure privacy at your own location.
- You understand and accept my GDPR policy relating to my medico-legal services.

By signing you are indicating that you have read, understand, and agree to all the above:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

Your First & Last Name: \_\_\_\_\_

Relationship (if not signed by client): \_\_\_\_\_

Speech & Language Therapist,  
Music Therapist,  
MA, BSc, MIASLT, MISTl.  
CORU no. SL010712

T: 00353 23 8853924  
M: 00353 87 6207065  
E: [info@lindacoyle.ie](mailto:info@lindacoyle.ie)  
[www.lindacoyle.ie](http://www.lindacoyle.ie)



**LINDA COYLE**

LTD

SPEECH & LANGUAGE THERAPY  
EXPERT WITNESS

**Video recording consent form for adults  
for medico-legal services via teletherapy**

**Plain language statement:**

I record your speech so that I can look and listen to how you communicate.

I keep these recordings safe.

I destroy the recordings when I no longer need them

**Consent**

I (*insert name*) \_\_\_\_\_

do / do not consent (delete as appropriate) to be video recorded.

I understand that this recording will be used solely for the purpose of assessment of my communication skills, and will not be used for other purposes without my prior consent. Recordings will be kept for as long as needed in order to evaluate my speech. They will be safely destroyed/deleted once they are no longer required, and/or when I have written confirmation that the case has been settled. Recordings can be deleted prior to then if requested in writing.

**Signed:** \_\_\_\_\_

If the client is unable to consent, then this may be signed on their behalf. If that is the case, please state name and relationship below.

**Name:**

**Relationship to client:**

Speech & Language Therapist,  
Music Therapist,  
MA, BSc, MIASLT, MISTI.  
CORU no. SL010712

T: 00353 23 8853924  
M: 00353 87 6207065  
E: [info@lindacoyle.ie](mailto:info@lindacoyle.ie)  
[www.lindacoyle.ie](http://www.lindacoyle.ie)