

Informed Consent for Telehealth Services

STUDENT NAME: STUDENT LEA:	DATE OF BIRTH:	STUDENT USI #:
PRACTITIONER NAME: PRACTITIONER NAME: PRACTITIONER NAME:	SPECIALTY: SPECIALTY: SPECIALTY:	DATE:

Introduction

Telehealth involves the use of electronic communications to enable related service practitioners to provide services for the purpose of IEP implementation. The information obtained through the use of Telehealth may be used for diagnosis, therapy, follow-up and/or education, and may include any of the following:

- Student records
- Medical records and images
- Live two-way audio and/or video
- Output data from medical devices and sound and video files

Electronic systems used will incorporate network and software security protocols to protect the confidentiality of student identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

Expected Benefits

- Improved access to services by enabling a student to remain in his/her home (or at a remote site) to receive IEP prescribed services from a healthcare practitioner at a distant/other site(s).
- Continuation of IEP prescribed services.

Possible Risks

As with any service, there are potential risks associated with the use of telehealth. These risks include, but may not be limited to:

- In rare cases, information transmitted may not be sufficient (e.g. poor resolution of images) to allow for appropriate decision making by a practitioner;
- Delays in service could occur due to deficiencies or failures of the equipment and technology;
- In very rare instances, security protocols could fail, causing a breach of privacy of personal identifiable information (PII);

By signing this form, I understand the following:

1. I understand that the laws that protect privacy and the confidentiality of student information also apply to telehealth, and that no information obtained in the use of telehealth which identifies the student will be disclosed to researchers or other entities without my consent.
2. I understand that the student/parent have the right to withhold or withdraw consent to the use of telehealth in the course of service provision at any time, without affecting the student's right to future service or treatment.
3. I understand that the student/parent have the right to inspect all information obtained and recorded in the course of a telehealth interaction, and may receive copies of this information.
4. I understand that a variety of alternative methods of service provisions may be available, and that the student/parent may choose one or more of these at any time. The practitioner has explained the alternatives to the student's/parent's satisfaction.
5. I understand that telehealth may involve electronic communication of personal identifiable information (PII) to other service practitioners who may be located in other areas, including out of state.
6. I understand that the student/parent may expect the anticipated benefits from the use of Telehealth, but that results cannot be guaranteed or assured.

Student/Parent Consent to the Use of Telehealth

___ I have read and understand the information provided above regarding telehealth, have discussed it with the practitioner(s) or such assistants as may be designated, and all of my questions have been answered to my satisfaction. **I hereby give informed consent** for the use of telehealth for the continuous implementation of the student's IEP.

___ I have read and understand the information provided above regarding telehealth, have discussed it with the practitioner(s) or such assistants as may be designated, and all of my questions have been answered to my satisfaction. **I hereby Do Not give informed consent** for the use of telehealth for the continuous implementation of the student's IEP.

___ I have read or was verbally provided with and understand the information provided above regarding telehealth, have discussed it with the practitioner(s) or such assistants as may be designated, and all of my questions have been answered to my satisfaction. **I hereby give verbal informed consent** for the use of telehealth for the continuous implementation of the student's IEP. In the event verbal consent is provided, practitioner shall complete the section below.

For Practitioners in the Absence of Written Consent

___ **Written Consent could not be obtained** (In the event of an emergency, consent for the use of distance service provision may be obtained verbally. A detailed service note that describes the beneficiary's consent, the reasons why a written consent was not available at the time, and the practitioner's attempts to obtain consent shall be included in the student's service note in the OSSE SEDS system.

Parent/Student Signature: _____