



### Informed Consent for Student Participation in Telehealth Services

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

I have elected for my child \_\_\_\_\_ to participate in Telehealth Services during the school day. I understand that I must remain at the school, monitor my child, and ensure their safety for the duration of the telehealth appointment.

HCPSS school-based employees will ensure confidentiality of my child's participation in a telehealth appointment. My child and I have been made aware of the limits of confidentiality and that private information may be disclosed to ensure my child's safety. If an emergency arises the parent will contact the school's Point of Contact, and either health room staff or student services staff will be contacted. Community resources (e.g. hotline numbers, referral to Grassroots Crisis Intervention Center) will be provided as needed.

In preparation for the telehealth appointment I am responsible for confirming the appointment with my provider one day in advance, securing the link, and bringing a device for the appointment. I will arrive at the school ten minutes prior to the scheduled telehealth appointment. In the event that I do not have a device my child will utilize their HCPSS-issued Chromebook. A private space with internet access will be provided at the school for my child's telehealth appointment.

After the appointment I will inform the Point of Contact if resources are needed from student services. School-based employees will be made aware of the recommendations of the telehealth providers on an as-needed basis. I will support my child in complying with completion of make-up work, as missing class instruction due to a telehealth appointment is considered a lawful absence for that portion of the day.

I have been informed that the HCPSS Telehealth Procedures Manual includes more details regarding participation in telehealth appointments at school. I am in agreement and will comply with the responsibilities outlined in this informed consent and the Telehealth Procedures Manual for my child to participate in a telehealth appointment during the school day.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Parent cell phone: \_\_\_\_\_ Email: \_\_\_\_\_