

### 1. STUDENT INFORMATION

Today's date:     /     /

Student name: \_\_\_\_\_ Date of birth:     /     /

**Introduction.** In providing services to student at King's Daughters School Health Clinic ("School Health Clinic"), King's Daughters ("KDMC", "we" or "us") may occasionally utilize videoconferencing technology, also known as "telemedicine." Telemedicine may be used for diagnosis, therapy, follow-up and/or education. We are excited to offer this option as it allows improved access to care by enabling student to remain at school while obtaining services from our remote providers. In order to use telemedicine, student must have a separate consent for services form on file at school, completed and signed by student's parent or legal guardian.

**Telemedicine procedure.** When telemedicine is used, student will be in the company of a school nurse, school technician or employee of King's Daughters who is working that day. King's Daughters' remote provider will be located elsewhere. During the encounter, student and the remote provider will be able to see and hear each other as though they were in the same room. Telemedicine utilizes various safety measures to ensure the videoconference is secure, and that no part of the encounter will be recorded without your written consent.

Alternatively, if you are not comfortable with student receiving treatment via telemedicine, you may reject its use and schedule a face-to-face encounter at another time at the School Health Clinic.

**Possible risks.** The potential risks of telemedicine include, but are not be limited to:

- A provider may determine that the telemedicine encounter is not yielding sufficient information to make an appropriate clinical decision.
- Technology problems may delay medical evaluation and treatment for the encounter.
- Just as with other health information technology, security protocols could fail, causing a breach of privacy of personal medical information.

**By signing this form, you are indicating that you understand the following:**

1. The state and federal laws that protect the privacy, confidentiality, dissemination, storage and retention of individual health information also apply to a telemedicine consultation.
2. I have the right to access medical information resulting from student's telemedicine consultation at any time as provided by law.
3. I have the right to object to the video taping of student's telehealth consultation.
4. I have the right to seek an alternative to a telemedicine consultation in the form of a face-to-face encounter as set forth above.
5. No information obtained in the use of telemedicine that identifies student will be disclosed to researchers or other entities without my consent.
6. I have the right to be informed of the parties who will be present at the receiving end of student's telehealth transmission and who will be with student during the telemedicine consult (including equipment operators). I have the right to exclude anyone at either end of the transmission.
7. I understand that I have the option to refuse a telemedicine consultation on behalf of student at any time and that my refusal shall not affect student's right to future care or treatment nor affect student's right to health insurance benefits to which student is entitled.
8. I understand that if the provider believes that student would be better served by a traditional face-to-face encounter, the provider may at any time stop the telemedicine visit and schedule a face-to-face visit.
9. I understand that while I may expect certain benefits from the use of telemedicine in student's care, no results can be guaranteed or assured.

### CONSENT TO THE USE OF TELEMEDICINE

I have read and understand the information provided above regarding telemedicine. I hereby give my informed consent on behalf of student for the use of telemedicine in student's treatment, if applicable, and consent to appropriate billing of my insurance, if applicable.

Parent/guardian name (printed): \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

### FOR OFFICE USE

- Copy of this form was supplied to parent/guardian (or to student if applicable).