



## JTCHC Telehealth Cover Letter – School Based

Dear Parent / Guardian,

Your child's school nurse / social worker wants to refer your child to receive telehealth services.

Telehealth is a service that links medical specialists with patients and their health care practitioners by using two-way communication systems. Specialists can conduct face to face consultations using the interactive video network or they can also conduct consultations by reviewing medical information and images that are securely sent to them by the patient's primary provider when a face to face consultation is not required.

The purpose of this form is to obtain your consent so your child/you can participate in a telehealth consultation in connection with the following procedure(s):

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Administration of over-the-counter medications

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This form is only applicable for initial and follow-up consultation specifically addressing the above condition. With obtained consent, your child may receive telehealth service only for the condition noted above. You may elect to be present or not during the consultation. All findings and recommendations will be discussed with you and placed in writing.

***Please note, your child will need to have a new form completed for each telehealth consultation that addresses a new problem.***

***Please circle one:*** I request to be present for each telehealth consultation.    Yes   or   No

Name of Patient \_\_\_\_\_

Signature \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
(Parent, Legal Guardian, or Patient legally able to sign)

Name of Witness and Title \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_



## Informed Consent for Telehealth Services

Patient Name: \_\_\_\_\_ City: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Last 4 Digits of SSN: \_\_\_\_\_ State: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
MRN: \_\_\_\_\_  
Site Location: \_\_\_\_\_

The purpose of this document is to obtain consent for Telehealth Services through Jesse Trice Community Health Center.

### What is telehealth?

Telehealth is a service that links medical specialists with patients and their health care practitioners by using two-way communication systems. Specialists can conduct face to face consultations using the interactive video network or they can also conduct consultations by reviewing medical information and images that are securely sent to them by the patient's primary provider when a face to face consultation is not required.

### Why is telehealth important?

It provides access to specialty care in your community.

It reduces the time and expense associated with traveling to a medical appointment in a distant location.

It enhances care when you, your primary care practitioner and the specialist are all involved during the consultation session.

### Nature of Telehealth Consultation:

The following information will be required during the consultation: Your/your child's medical history, examinations, lab tests. This information will be discussed with the telehealth consulting physician and other health professionals during the consultation, using live interactive video, audio and other telehealth technologies. You/your child may be physically examined. Photographs, video and/or audio recordings may be obtained and shared with the consulting provider.

Information provided may be used for diagnosis, therapy, follow-up and/or education, and may include any combination of the following: (1) patient medical records; (2) medical images; (3) live two-way audio and video; (4) interactive audio; and (5) 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 patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

Primary responsibility for your medical care should remain with your local primary care doctor, if you have one, as does your medical record.

**Since this may be different than the type of consultation with which you are familiar, it is important that you understand, acknowledge and agree to the following statements:**

- I understand that I have undertaken to engage in a telehealth encounter that will contain my personal identifying information as well as protected health information.

- I understand that the consulting health care provider will be at a different location from me. A healthcare professional ("presenting practitioner") may be present with me in the room to assist in the consultation.
- I voluntarily consent to health care services provided which may include diagnostic tests, medications, examinations, and medical or surgical treatments considered necessary for treatment.
- I will be informed and give my verbal consent before additional persons at either the patient or provider site are to be present.
- **RELEASE OF INFORMATION:** Jessie Trice Community Health Center staff and/or healthcare providers who provide professional services to me are authorized to provide medical information from my medical record to the referring physician, if any, and to any insurance company or third party payer for the purpose of obtaining payment of the account. Jessie Trice Community Health Center is authorized to release information from my medical record to any other health care facility or provider to which my care may be transferred.
- I have had the alternatives to a telemedicine consultation explained to me, and in choosing to participate in a telemedicine consultation.
- I understand that I may be released from care before all medical concerns are known or treated and I understand that it is my responsibility to make arrangements for follow-up care.
- I understand that I have the right to withhold or withdraw my consent to the use of telehealth services at any time in the course of my care, without affecting my right to future care or treatment.
- I have been informed of and accept the potential risks associated with telehealth, such as failure of security protocols that may cause a breach of privacy of personal and/or medical information.
- I understand that the laws that protect privacy and the confidentiality of medical information also apply to telehealth, and that no information obtained in the use of telehealth which identifies me will be disclosed to researchers or other entities without my consent.
- I understand that using a form of communication technology other than Jessie Trice Community Health approved telehealth applications may be harmful to my medical care. I understand that such communications may not be included as part of my chart or my medical record.
- I have been given the opportunity to ask Jessie Trice Community Health Center staff questions relative to my Telehealth encounter, security practices, technical specifications, and other related risks.

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Signature of patient or personal representative

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Date

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If personal representative, authority to act on behalf of patient/Relation to Patient

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Witness

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Relationship to Patient