



## Jefferson Parish Schools School Based Health Centers Informed Consent for Telemedicine Services

I understand that telemedicine is the use of electronic information and communication technologies by a health care or mental health provider to deliver services to an individual when he/she is located at a different site than the provider.

I acknowledge that I have been notified of my right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment. I understand that I may revoke my consent to telemedicine/telehealth services orally or in writing. As long as this consent is in force (has not been revoked) Jefferson Parish School Based Health Centers may provide health care or mental health services to me via telemedicine/telehealth without the need for me to sign another consent.

I understand that the laws that protect privacy and the confidentiality of medical/mental health information also apply to telemedicine/telehealth. I understand that as an existing patient of Jefferson Parish School Based Health Centers my health information will be used and disclosed in accordance with Jefferson Parish School Based Health Centers' Notice of Privacy Practices, a copy of which may be requested at any time. I understand that I can obtain copies of my medical or mental health records by contacting my provider's office. The clinic staff will release my records after they have received written authorization permitting the release of my medical or mental health records to my designated recipient.

I understand that in the event of a technology or equipment failure I should call my providers office to receive further instructions. I understand that telemedicine/telehealth is not used to provide emergency care and such emergency care should be sought by calling 911.

By signing below, you are acknowledging the above information and are consenting to receiving telemedicine/telehealth services from Jefferson School Based Health Center and its participating providers.

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Signature of Parent/Legal Guardian (unless student is 18 years old or above)

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Date