

Lake County Schools TeleHealth Services Student Consent Form: 2024-2025 School Year

Student Name: _____

Date of Birth: _____

School Name: _____

Grade: _____

TeleHealth (also referred to as “telemedicine” or “e-health”) allows the school health nurse to consult with Main Street Family Care medical professionals through the use of telecommunication technology.

By signing this form, I understand the following:

1. I give my consent for my child to be enrolled in the school’s TeleHealth Program and that Main Street Family Care and its providers can access my child’s personal health information if needed.
2. I understand that I have the right to withhold/withdraw my consent to the use of TeleHealth at any time without affecting my child’s right to future care or treatment. Furthermore, I understand that alternative methods of medical/health care may be available, including face-to-face interaction, and that I may choose another alternative at any time.
3. I understand that the information disclosed by my child during the course of my child’s treatment is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and vulnerable adult abuse.

Electronic communication allows, at a minimum, the use of audio and video equipment for two-way, real time interactive communication between the patient (at the school/originating site) and the healthcare provider (at the remote/distant site). Providers may include primary care practitioners, nurse practitioners, specialists, and/or subspecialists and therapists.

I understand that as with any medical procedure, there are expected benefits and potential risks associated with the use of TeleHealth that I need to be aware of.

Expected Benefits include the following:

- Improved access to care by enabling a patient to remain at a remote site while receiving professional care from a healthcare provider.
- More efficient medical and health evaluation and management.
- Earlier diagnosis/treatment.

Possible Risks include, but are not limited to:

- As with any healthcare provider, despite reasonable safeguarding efforts, the transmission of my child’s medical information could be disrupted or distorted by technical failures resulting in delays in evaluation or access by unauthorized persons.
- As with any healthcare providers, TeleHealth based services may not be as complete as the parent would prefer.
- I understand that if my child’s TeleHealth provider believes that my child will be better served by another form of services (e.g., face-to-face services) my child will be referred to another provider and it is my responsibility to ensure that referral instructions are followed timely.
- As with any healthcare providers, in rare cases, information transmitted may not be sufficient (e.g., poor resolution of images) to allow for appropriate decision making by the TeleHealth healthcare provider.
- As with any healthcare providers, in rare instances, security protocols could fail, causing a breach of privacy of personal medical information.
- As with any healthcare provider, in rare cases, a lack of access to complete and/or accurate medical records or information may result in adverse drug reactions, allergic reaction, or other judgment error.

I hereby give my informed consent for the use of TeleHealth/Telemedicine in my child’s medical/ health care. I hereby give consent for Main Street Family Care to bill my Insurance/TennCare for services provided.

Parent Printed Name: _____

Signature of Patient (or person authorized to sign for Patient): _____

Relationship to Patient: _____ **Date:** _____

If you ARE giving consent for your child to receive TeleHealth services, please contact your child’s school nurse for new patient information and consent forms provided by Main Street Family Care. These forms must be filled out prior to a telehealth visit. If your child is already an established patient with Main Street Family Care, you will ONLY need to sign THIS consent form.