



DEPARTMENT OF HEALTH
Dennis R. Schrader, Acting Secretary

STATE DEPARTMENT OF EDUCATION
Dr. Karen Salmon, Superintendent

Telehealth Service Acknowledgement of Informed Consent

I, _____ parent/guardian of _____, consent to participate in Telehealth Services with _____ (agency name and provider name).

Definition: “Telehealth” means the use of interactive audio, video, audio-visual, or other telecommunications or electronic technology by a Maryland licensed physician or other licensed health practitioner to deliver clinical services within the scope of practice of the Maryland licensed physician or licensed practitioner at a location other than the location of the patient. Telehealth Services require an audio component and a video, unless a video device is not available. Telehealth Services do not include the use of social media, texting, or email.

What to Expect: If you are enrolled in the School-Based Health Center (SBHC) and agree to receive Telehealth Services through the SBHC, you will separately consent to receiving Telehealth Services from that provider directly and complete any additional paperwork required by that provider to deliver Telehealth services. You will need to use your own device, such as a smartphone, tablet, or computer to connect with the provider. The school does not provide devices for use in Telehealth appointments and cannot guarantee the security or privacy of your telehealth session or the mode of delivery that you and your provider agree upon.

Role of School: The school, local school system, the Maryland State Department of Education or the Maryland Department of Health will not be monitoring, overseeing, or aware of telehealth sessions in any way. Telehealth services are being provided through the sponsoring agency of the SBHC to allow students to continue to receive services in the event of a school closure, and with the hope that students can receive these services without risk of exposure to the COVID-19 virus. The School does not have the ability to respond to emergencies or arrange for emergency care. Security protocols may fail, causing a breach of privacy of confidential medical information. The school is unable to prevent or take action in the event of a privacy breach. All complaints regarding services provided, including those relating to privacy breaches, service delivery, or other interruptions, must be made with the sponsoring agency, provider, or the appropriate professional licensing board.

Telehealth Services and the use of the SBHC is voluntary. You have the right to decline to receive Telehealth Services without affecting the right to future care or treatment and without risking the loss or withdrawal of program benefits to which you would otherwise be entitled.

Acknowledgement of Consent to Receive Telehealth Services

By signing below, I am confirming that I have received the above information regarding Telehealth Services. I confirm that I understand that the School is not providing, monitoring, or overseeing the services in any way. I release the school, the local school system/school board, and the Maryland State Department of Education and Maryland Department of Health from any liability related to the provider and the services provided.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date: _____

For Confidential Services only:

Client Signature: _____ Client Name: _____

Date: _____

Explain if verbal Consent received Telephonically: