



School Name
School Address
School Phone Number

Telehealth and Teleservices Consent Form

I, _____, hereby give consent to the SDUSD
(Client Name)

providers to implement services included, but not limited to assessment; goal/plan development; individual counseling sessions; family counseling sessions; and/or rehabilitation services/behavior intervention using telehealth (audio and/or video communication formats).

I understand and agree that:

1. I have decided to receive telehealth and/or teleservices.
2. This consent for telehealth and/or teleservices can be withdrawn at any time.
3. As a standard, the SDUSD staff will utilize an approved non-public facing communication product to minimize risks during the communication.
4. SDUSD staff reviewed this consent with me, in a language I understand, to explain service expectations and technology used for services.
5. SDUSD staff gave me the opportunity to have my questions answered, prior to the onset of services.
6. At the onset of the service, I agree to disclose the students current location and identify adults in the home (if any) to facilitate crisis intervention/ support if needed.
7. I understand that there are risks, benefits, and consequences associated with telehealth and teleservices, including but not limited to, disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies. Caution and good faith efforts shall be used to ensure others cannot overhear the sessions. Guidelines have been created for each discipline in regard to confidentiality.
8. Alternative communication method (i.e. phone) will be used in the event that the videoconferencing tool fails.
9. Telehealth and teleservice exchanges will be held in strict confidence, with exception to information shared which require mandated reporting requirements. Students and/or

parents that are participating in group settings for special education services will have access to student names and indirect understanding of IEP goals being addressed in session. Other identifying information will be kept in confidence.

In California, the SDUSD staff are mandated reporters and are required to report if a client presents with a danger to harm oneself, danger to harm others, or a suspicion of abuse towards children, the elderly, or the disabled.

I understand that within a teleservices model other adults and minors may be in the household. Every attempt should be made to have the student in a confidential space. It is essential that families also respects the privacy rights of all other students by limiting access to sessions and do not disseminate information to others outside of session attendees.

If the service provider feels a student's confidentiality is at jeopardy, they may choose to end the session.

- 10. There are benefits from engaging in telehealth and teleservices however, those results cannot be guaranteed or assured.
- 11. I understand that Telehealth and teleservices are not emergency services. I will review and refer to my Wellness/Safety Plan for Crisis Information:

If experiencing an emergency before, during or after a telehealth session, I will request assistance from the provider.

If experiencing an emergency outside of normal business hours, I will call 911, or proceed to the nearest hospital emergency room for help.

- 12. Telehealth and teleservice sessions shall not be recorded by either the client, parent, or provider. A separate consent form shall be required for requests to record these video conversations.

Participant Name (Printed)	Participant (Signature)	Date
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Legal Guardian Name (Printed)	Legal Guardian (Signature)	Date
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SDUSD Staff Name (Printed)	SDUSD Staff (Signature)	Date
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SDUSD staff Attestation to Receipt of Verbal Consent from Client and or Parent/Guardian

I attest to the fact that I have reviewed this document with the client and/or parent/guardian named above, that I have confirmed their understanding and obtained their verbal consent, and that I will obtain their written consent as soon as practical.

SDUSD Staff Name (Printed)

SDUSD Staff (Signature)

Date