FORM A: Informed Consent for Telemedicine Services

STUDENT NAME:_____ LOCATION OF STUDENT:_____	DATE OF BIRTH:
PRIMARY CARE PHYSICIAN:_____ LOCATION:_____ STUDENT'S PHARMACY:_____ LOCATION:_____	

Introduction

Southeast Local School District ("Southeast") has established a program to offer students medical care through telemedicine. The goal of the telemedicine program is to enable healthcare practitioners located at Aultman Orrville Hospital to provide consultations and related services, through telemedicine, to students located at each of Southeast's six locations. Practitioners may include physicians, primary care practitioners and/or licensed nurse practitioners, specialists, and/or subspecialists.

Expected Benefits of Telemedicine Services:

- Improved access to medical care by enabling a student to remain in his/her school while the Practitioner consults from Practitioner's distant/other sites.
- More efficient medical evaluation and management.
- Obtaining expertise of a distant specialist.

Possible Risks of Telemedicine Services:

- In rare cases, information transmitted may not be sufficient (e.g., poor resolution of images) to allow for appropriate medical decision making by the Practitioner and consultant(s).
- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment.
- In rare cases, a lack of access to complete medical records may result in adverse drug interactions or allergic reactions or other judgment errors.

By signing this form, I understand and acknowledge the following:

1. I understand that I have the right to withhold or withdraw my consent to use telemedicine in the course of my care at any time, without affecting my right to future care or treatment.

2. I understand that a variety of alternative methods of medical care may be available to me, and that I may choose one or more of these at any time. You are encouraged to ask the Presenting Practitioner to explain the alternatives to your satisfaction.

3. I understand that telemedicine may involve electronic communication of my personal medical information to other medical practitioners who may be located at a different location than me, and details of my medical history, examinations, x-rays, and tests may be discussed with the medical practitioner who is at a different location than me.

4. I understand that I may expect the anticipated benefits from the use of telemedicine in my care, but that no results can be guaranteed or assured.

5. I have received a copy of Aultman Orrville Hospital's Notice of Privacy Practices.

Consent to the Use of Telemedicine

As the Legally Authorized Representative of the student, I consent for the undersigned student to receive Telemedicine consultation services. I understand that confidentiality between the student and the Practitioners will be ensured in specific instances in accordance with the law, and that students will be encouraged to involve their parents or guardians in counseling and medical care decisions. Telemedicine consultation services may include, but are not limited to:

- Prescribing of medications
- Medically prescribed, basic laboratory tests for strep throat (Rapid strep and throat culture)
- Referrals for service not provided at the school-based wellness center
- Health education and risk prevention counseling

I understand that if this form is not signed by the Legally Authorized Representative and returned to Southeast, then no telemedicine services will be offered to the applicable student.

I further understand and agree that this informed consent for telemedicine services will suffice as informed consent for future telemedicine services rendered to student at Southeast.

Student ID#:_____

Student:_____
Date:_____
(please print and sign name)

Legally Authorized
Representative:_____Date:_____

Legally Authorized Representative's Relationship to
Student:_____

Unless this box is checked ☐ and initialed _____, you hereby permit Southeast and Aultman Orrville Hospital to provide the student with telemedicine services without you being present or participating.

Please FAX signed form to (330) 684-2075 and place original in Permanent Student Record.