BOARD OF EDUCATION OF KENT COUNTY

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Kent County Public Schools Telehealth Service Acknowledgement of Informed Consent

I, _____, am at least 18 years of age and can consent to participate in Telehealth Services with Kent County Public Schools.

Definition: "Telehealth" means the use of interactive audio, video, audio-visual, or other telecommunications or electronic technology by a licensed physician or other licensed medical or behavioral health practitioner to deliver clinical services within the scope of practice of the licensed physician or licensed practitioner at a location other than the location of the practitioner. Telehealth Services do not include the use of social media, texting, or email.

If you are enrolled in a Kent County Secondary School (Grades 6-12), and agree to receive Telehealth Services through KCPS, you will separately consent to receiving Telehealth Services from your provider directly and complete any additional paperwork required by your provider to deliver Telehealth services. You are encouraged to use your own device, such as a smartphone, tablet, or computer to connect with the provider. If you do not have a working device, the school will provide a device for use in Telehealth appointments. KCPS cannot guarantee total privacy for your telehealth session, but the school will make a good faith effort to provide security and privacy of your telehealth session in the mode of delivery that you and your provider agree upon.

Telehealth services are being provided through the licensed provider to allow students to receive services during the school day. The school, local school system, or any of its agents will not participate in telehealth sessions in any way. Information concerning diagnoses, treatment and follow up is the responsibility of the licensed provider, parents/guardians, and the student.

Acknowledgement of Consent to Receive Telehealth Services by signing below, I am confirming that I have received the above information regarding Telehealth Services in Secondary Schools. I confirm that I understand that the school or its agents is not participating in the telehealth services in any way. I release the school, the local school system, and school board, and its agents from any liability related to the provider and the services provided.

Student Name _____ DOB: _____

Student Signature _____ Date: _____