

Colonial School District

Informed Consent for Provision of Telepractice Services

This document shall be reviewed and agreed to prior to the initiation of telepractice services. Details of services will be discussed with families prior to the start of telepractice.

Definition of Telepractice Services: Telepractice services involve the use of electronic communications to connect providers and the individuals they support at a distance. Electronic communications may include but not be limited to email, other electronic forums, pre-recorded videos, live interactions with video and audio communications either individually or in a group format. Telepractice services may include the practice of consultation, referral to resources, education, advice, interventions, monitoring of interventions, and the transfer of data.

Telepractice Service Rights: I understand that I have the following rights with respect to telepractice services:

1. I understand that I have the right to withhold or withdraw my consent to the use of teleservices at any time, without affecting my student's right to future services.
2. I understand that there are risks and consequences from teleservices, including, but not limited to, the possibility, despite reasonable efforts on the part of the staff member, that: the transmission of my personal information could be disrupted or distorted by technical failures, the transmission of my personal information could be interrupted by unauthorized persons, and/or the electronic storage of my personal information could be unintentionally lost, used or accessed by unauthorized persons.
3. By signing this document, I agree that certain situations, including emergencies and crises, are inappropriate for audio-/video-/computer-based services. If my student is in crisis or in an emergency, I should immediately call 9-1-1 or seek help from a hospital or crisis-oriented practice care facility in my immediate area.

Telepractice Service Responsibilities: I understand that I have the following responsibilities with respect to telepractice services:

1. I understand that I have the responsibility to assist the student with connecting to the agreed upon platform to participate in telepractice services.
2. I understand I, or a designee, have the responsibility to assist the minor student during telepractice services as appropriate and agreed upon prior to the implementation of telepractice services.

Telepractice Service Risks: I understand and acknowledge the potential risks associated with the implementation of telepractice services:

While service providers will provide telepractice services and maintain confidentiality to the best of their abilities, there are risks and limitations of:

- The use of electronic communications and provision of care and specific skills/services that can be addressed remotely.
- The potential breach of confidentiality, or inadvertent access, of protected practice information using electronic communication in the provision of care.
- The potential disruptions of electronic communication in the use of telepractice.

Consent for Telepractice Services:

I have read, agreed to the responsibilities, and have been made aware of possible risks and limitations of the telepractice and therapy services.

Name of parent/guardian: _____

Signature of parent/guardian: _____

Name of student: _____

Date: _____

Email: _____

Phone number: _____

Agreement to the Colonial School District Informed Consent for Provision of Telepractice Services may be indicated by signing and scanning this form to your student's related service provider. Alternatively, agreement can be provided by emailing the above information and the following statement to your student's related service provider:

I have reviewed the (related service) telepractice services agreement and I agree to and acknowledge its terms. My electronic signature shall be considered a signature for purposes of execution and delivery of this document. /s/ (Parent Name)

Using /s/ means it is a signature.