

Convenient Care Now

# Consent

# Telehealth Visit via Convenient Care Now

## Purpose:

The purpose of this form is to obtain your consent for your child to participate in a telemedicine consultation with a physician at Hackensack University Medical Center conducted by your school nurse during school hours.

# NATURE OF TELEMEDICINE CONSULTATION

## **During the Telemedicine Consultation:**

- a. Details of your child's medical history and examination will be reviewed by the school nurse, and discussed with a tele health professional at Hackensack University Medical Center.
- b. A physical inspection by the school nurse to facilitate care will take place.
- c. Video/audio and/or photo recordings may be taken of your child during the visit.

## **TESTING PROTOCOLS DURING THE COVID-19 PANDEMIC**

- a. State and county COVID-19 screening and isolation guidelines will be used by school nurses regarding care, testing and isolation procedures on a case by case basis as needed.
- b. COVID-19 testing may be arranged by the telehealth physician if needed. Students or individuals in need of testing will be referred to an off site location.

## HIPPA PRIVACY AND MEDICAL RECORDS

- a. Hackensack Meridian Health will comply with all requirements under the federal Health Insurance Portability and Accountability Act (HIPPA) with respect to providing information in English and in Spanish, as needed, regarding protections for patients' privacy rights.
- b. Public health reporting is mandated by law and is not affected by HIPAA. HIPAA specifically provides for public health reporting without a patient's authorization or consent.

- c. Medical information and records: All existing laws regarding your access to medical information and copies of your medical records apply to this telemedicine consultation. Please note, not all telecommunications are recorded and stored. Additionally, dissemination of any patient identifiable images or information for this telemedicine interaction to researchers or other entities shall not occur without your consent.
- d. Confidentiality: Reasonable and appropriate efforts have been made to eliminate confidentiality risks associated with the telemedicine consultation.

#### **RISKS & BENEFITS**

#### Possible Risks of Telemedicine:

As with any medical procedure, there are potential risks associated with the use of telemedicine. CCN believes that the likelihood of these risks materializing is very low. These risks may include, without limitation, the following:

- a. Delays in medical evaluation and consultation or treatment may occur due to deficiencies or failures of the equipment.
- b. Security protocols could fail, causing a breach of privacy of personal medical information.

#### **Anticipated Benefits of Telemedicine:**

- a. Improved access to medical care by enabling a patient to remain at his or her home, office or school while consulting a clinician.
- b. More efficient medical evaluation and management.
- c. School Nurses have access to medical history and allergies, which can be provided for additional information if needed during the visit.

I agree to participate in telemedicine consultation services provided at the \_\_\_\_\_\_ School.

Student Name: \_\_\_\_\_\_

Signature of parent:\_\_\_\_\_ Date:\_\_\_\_\_