The Pathways Schools ~
Student Information and Consent Forms

Student's Name *

First Name | Last Name

Date

Date

Introduction

Distance learning and telehealth involve the use of electronic communications to enable educators and related service practitioners to provide services for the purpose of IEP implementation. The information exchanged and obtained through distance learning and telehealth may be used for diagnosis, therapy, follow-up and/or education, and may include all of the following:

- Student records
- Medical records and images
- Live two-way audio and/or video
- Output data from sound and video files

Electronic systems used will incorporate network and software security protocols to protect the confidentiality of student identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

Expected Benefits

- Improved access to services by enabling a student to remain in his/her home (or at a remote site) to receive IEP prescribed services from a healthcare practitioner at a distance/other site(s).
- Continuation of IEP prescribed services.

Possible Risks

As with any service, there are potential risks associated with the use of telehealth. These risks include, but may not be limited to:

- Information transmitted may not be sufficient (e.g., poor resolution of images) to allow for appropriate decision making by a practitioner;
- Delays in service could occur due to deficiencies or failures of the equipment and technology;
- In rare instances, security protocols could fail, causing a breach of privacy of personal identifiable information

By signing this form, I understand the following:

1. I understand that the laws that protect privacy and the confidentiality of student information also apply to distance learning and telehealth, and that no information obtained in the use of distance learning or telehealth, which identifies the student, will be disclosed to researchers or other entities without my consent.

2. I understand that the student/parent has the right to withhold or withdraw consent to the use of distance learning or telehealth in the course of service provision at any time, without affecting the student's right to future service or treatment.

3. I understand that the student/parent has the right to inspect all information obtained and recorded in the course of a distance learning or telehealth interaction, and may receive copies of this information.

4. I understand that a variety of alternative methods of service provisions may be available, and that the student/parent may choose one or more of these at any time. The practitioner can explain the alternatives to the student's/parent's satisfaction.

5. I understand that distance learning and telehealth may involve electronic communication of personal identifiable information (PII) to other service practitioners who may be located in other areas, including out of state.

6. I understand that the student/parent may expect the anticipated benefits from the use of distance learning or telehealth, but that results cannot be guaranteed or assured.

Student/Parent Consent to the Use of Distance Learning and Telehealth (select one)

- ◯ GIVE INFORMED CONSENT - I have read and understand the information provided above regarding telehealth, have discussed it with the practitioner(s) or such assistants as may be designated, and all of my questions have been answered to my satisfaction. I hereby give informed consent for the use of telehealth for the continuous implementation of the student's IEP.
- ◯ DO NOT GIVE INFORMED CONSENT - I have read and understand the information provided above regarding telehealth, have discussed it with the practitioner(s) or such assistants as may be designated, and all of my questions have been answered to my satisfaction. I hereby Do Not give informed consent for the use of telehealth for the continuous implementation of the student's IEP.

Parent/guardian initials: *