STUDENT TELEMEDICINE & TELEHEALTH SERVICES CONSENT FORM

CONCHO MEDICAL CLINIC

Paint Rock Independent School District (Paint Rock ISD)

SCHOOL HEALTH SERVICES

Dear Parent/Guardian,

Beginning in August, Paint Rock ISD is partnering with Concho Medical Clinic to provide medical care at school through telemedicine for PRISD students.

This initiative is designed to improve access to medical care for students.

Every visit will require parental/guardian consent.

What is Telemedicine/Telehealth?

Telemedicine allows students to be connected via a secure internet technology with qualified Concho Medical Clinic clinicians, without leaving the school grounds. A trained school staff member or school nurse will be present with your child during the visit to assist as needed. A parent will be welcome to attend each visit.

Services May Include:

- Evaluation of minor illnesses (e.g., cold, flu, sore throat)
- Health education and guidance

Benefits:

- Reduced time away from school
- Parent/guardian does not have to take time off work
- Convenient access to healthcare
- Timely treatment for minor conditions
- Communication with parents/guardians throughout the visit

Important Information for Parents / Guardians

We understand that your child's health, safety, and comfort are your top priorities. Our telehealth services are designed to make accessing care simple, secure, and stress-free for both you and your child.

Parental Involvement & Consent

A parent or legal guardian will always be notified in advance before any telehealth visit is scheduled or conducted. You are welcome to be present during your child's appointment to stay informed and involved every step of the way.

Safe, Secure, and Confidential Care

All telehealth sessions are conducted using secure, HIPAA-compliant technology to ensure your family's privacy. We are committed to creating a safe and comfortable environment where your child can receive care with confidence.

Affordable & Accessible Services for Every Family

We believe every child deserves access to quality healthcare. While we may request insurance information when available, **services are never denied** due to an inability to pay or lack of resources. Our goal is to remove barriers so your child can get the care they need.

We're Here for You

Have questions or want to learn more about how telehealth can benefit your child? The team at Concho Medical Clinic is here to support you.

(325) 869-9250 **clinic@conchoch.com**

We're happy to speak with you, answer your questions, and help you feel confident in your child's care.

Interested in Telehealth Services?

If you would like your student to participate in telehealth services, please complete the form attached and return it using one of the following options:

- ✓ Send the completed form to school with your student.
- ✓ Drop it off at Concho Medical Clinic. (551 Eaker St. Eden, Texas 76837)
- ✓ Drop it off at the PRISD school's front office.

Parental/guardian consent will be required for each telehealth visit.

We look forward to supporting your students' health and well-being!

Parent/Guardian Consent

I understand that telemedicine/telehealth services involve the use of secure electronic communications, including live video, to allow healthcare providers at Concho Medical Clinic to evaluate, diagnose, and treat my child while they are at school.

Please review all information stated above and indicate your preference below:

☐ YES, I authorize healthcare providers affiliated with Concho Medical Clinic to provide telehealth services, as deemed appropriate, and participate in telemedicine/telehealth services provided through Paint Rock ISD and Concho Medical Clinic, and for my insurance to be billed accordingly.

☐ NO, I do NOT give permission for my child to participate in telemedicine/telehealth services.

Parent/Guardian Name (Print)	**Signature**
Parent/Guardian Name (Print)	**Signature**
Date	

Student Demographic Information

Student Name

Date of Birth | Age | ☐ M ☐ F Gender

School/Campus | Grade

Home Address | City/State/Zip Code

Parent/Guardian Name | Phone | Email

Parent/Guardian Name | Phone | Email

Emergency Contact Name | Emergency Contact Phone

Emergency Contact Name | Emergency Contact Phone

Insurance Information

Does your child have health insurance? ☐ Yes ☐ No

**If yes, please complete below:*

Insurance Provider | Policy/Member ID Number

Group Number (if applicable) | Primary Care Physician

I acknowledge and understand the following:

- **Nature of Services**: My child may receive medical evaluations, consultations, and treatment recommendations through telehealth technology. A trained school staff member will be present to assist during the visit with parent present.

- **Voluntary Participation**: Participation in telehealth services is voluntary. I understand that I may refuse or withdraw consent at any time without affecting my child's access to other school services.

- **Confidentiality**: All telehealth visits will be conducted in a private setting, and reasonable measures will be taken to protect my child's privacy and confidentiality in accordance with applicable laws, including HIPAA and FERPA.

- **Communication**: I understand that the school or healthcare provider will contact me prior to the telehealth visit. I will be welcome to join, and the provider may share information about the visit, including diagnosis or treatment recommendations.

- **Risks & Limitations**: I understand that telehealth has limitations, including the inability to perform certain examinations, which may affect diagnosis or treatment. If necessary, I may be advised to seek in-person medical care.

- **Emergency Situations**: Telehealth services are not intended for medical emergencies. In the event of an emergency, school staff will follow standard emergency procedures and may contact emergency services.

- **Insurance & Billing**: I understand that telehealth services may be billed to my insurance provider if applicable. I am responsible for providing accurate insurance information and understand that I may be responsible for any costs not covered by insurance.

- **Continuity of Care**: I understand that when a Concho Medical Clinic (CMC) provider delivers telehealth services to a child in a school setting as the distant site, the provider must comply with 1 TAC § 354.1432, including notifying the child's Primary Care Physician (PCP), if applicable and with parental consent, and providing a summary of services that includes exam findings, medications, and care instructions. I further understand that if no PCP is identified, this summary will be provided to the parent or legal guardian.

Thank you for your continued support in keeping our students healthy and ready to learn.

Sincerely,
Paint Rock Independent School District Administration & Concho Medical Clinic