

TELETHERAPY CONSENT FORM

I hereby consent to my child participating in teletherapy with MountainHome School District. I understand that “teletherapy” includes treatment using interactive audio, video, and/or data communications. I understand that teletherapy also involves the communication of medical information, both orally and visually.

I understand the following with respect to teletherapy:

I have the right to withhold or withdraw consent at any time without affecting my child’s right to future care or treatment.

The laws that protect the confidentiality of medical information also apply to teletherapy. As such, I understand that the information disclosed during the course of therapy or consultation is confidential.

I understand that there are risks and consequences from teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of MHSD, that:

- * The transmission of information could be disrupted or distorted by technical failures
- * The transmission of information could be interrupted by unauthorized persons
- * The electronic storage of medical information could be accessed by unauthorized persons

We ask that an adult facilitator be present in the room for assisting with technical difficulties, or keeping your child on task.

I have read, understand and agree to the information provided above.

Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____