

### **TELEHEALTH APPOINTMENTS**

Telehealth is the receipt of health-related services and information via electronic and telecommunication technologies. The Board acknowledges the convenience that telehealth provides to parents and students, and recognizes that telehealth options can enable students to maximize their time in the classroom. Therefore, the Board will permit students to conduct telehealth appointments on District premises in accordance with the rules established herein.

#### Parent/Guardian Permission

A student's parent/guardian must complete and submit the District's "Telehealth Appointment Request Form" to the building principal's office not less than five school days before the scheduled appointment. After consulting with any teacher whose class would be missed by the student due to the appointment, the principal will provide notice to the student and parent/guardian regarding whether the appointment will be permitted.

#### Licensed Physician's Certification

Not later than the next school day following a telehealth appointment, a written statement from the licensed physician who attended to the student during the telehealth appointment must be supplied by the student to the building principal's office. Should the student fail to submit the written statement in accordance with this rule, the student's absence will be considered unexcused.

#### Privacy

A room will be designated within each school building for purposes of conducting telehealth appointments. No staff member and no other student will be permitted into such room during a telehealth appointment. While efforts will be made to provide audio and visual privacy to students engaged in a telehealth appointment, no guarantee of privacy is made by the Board.

#### Technology

Students are permitted to use their own personal communication devices, and may connect to the District's network, for purposes of conducting a telehealth appointment. Alternatively, students may use available District technology to connect to the network. It is the student and his/her physician's responsibility to ensure that the electronic or telecommunication technology through which the telehealth services are provided is adequately secured against unauthorized access by third parties. The Board disclaims all liability for health information improperly accessed, lost, or stolen due to network or technology failures or security breaches.

### Reporting To and Leaving Telehealth Appointments

Students are to arrive at the building principal's office not earlier than 10 minutes before the scheduled start of their telehealth appointment. The student will be escorted or directed to the designated room for the appointment. Upon the conclusion of the appointment, the student shall immediately report to the building principal's office, where he/she will be given a pass permitting the student to return to class.

**TELEHEALTH APPOINTMENT REQUEST FORM**

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

**Date of Appointment:** \_\_\_\_\_

**Time (Duration) of Appointment:** \_\_\_\_\_:\_\_\_\_\_ \_\_.M. to \_\_\_\_\_:\_\_\_\_\_ \_\_.M.

**Name of Attending Physician:** \_\_\_\_\_

The Mapleton Local School District Board of Education (“Board”) has no legal obligation to permit a student to conduct a telehealth appointment on District property during the school day. The Board therefore requires, as a condition of permitting the student to conduct a telehealth appointment, that the student, or his/her parent or legal guardian if the student is under age 18, agree to the following:

- 1) I hereby release the Board, its officers, members, employees, and agents, in both their official and individual capacities, from any and all liability or demands for personal injury, psychological injury, sickness, or death, which may be incurred by the student as a result of the student’s participation in the telehealth appointment.
  
- 2) I understand and acknowledge that the Board does not guarantee the privacy of my child during telehealth appointments. I agree that it is the responsibility of myself, my child, and his/her physician to ensure that the electronic or telecommunication technology through which the telehealth services are provided is adequately secured against unauthorized access by third parties. I understand that the Board disclaims all liability for health information improperly accessed, lost, or stolen due to District network or technology failures or security breaches.
  
- 3) I agree that the Board is not providing health care to the student merely by permitting the student to conduct a telehealth appointment on Board property.

\_\_\_\_\_  
Student Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if under age 18) \_\_\_\_\_  
Date

\_\_\_\_\_  
BUILDING PRINCIPAL’S OFFICE

Date Application Received: \_\_\_\_\_

Permission Granted: \_\_\_\_\_ Permission Denied: \_\_\_\_\_