



Telehealth Consent Form – Athlete as a Minor

Telehealth is the use of communications technologies to provide health care from a distance. These technologies may include computers, cameras, videoconferencing, the internet, satellite, and wireless communications. The information provided over Telehealth may be used, for example, to obtain a diagnosis, start or continue rehabilitation, manage a concussion, general medicine, wound management, follow-up exams, screening & prevention of injury, post-surgical management, and mental health referrals while having a “virtual visit” with a health care provider, through a phone call or video chat.

The Athletic Trainer at Tahquitz High School will be providing Telehealth to all student athletes as we move forward with athletics this coming school year. Electronic systems used for Telehealth incorporate reasonable network and software security protocols and encryption to protect the confidentiality of Protected Health Information and include measures to safeguard the data while ensuring its integrity against intentional or unintentional corruption consistent with Health Insurance Portability and Accountability Act (HIPAA).

Purpose:

The purpose of this form is to obtain your consent for Telehealth appointments for your child with the Athletic Trainer at Tahquitz High School. Telehealth appointments will be completed using a HIPAA compliant, secure, and confidential program through doxy.me.

Potential Benefits:

- Receiving care at home, especially for people who cannot easily get to their provider’s office.
- Improving access to convenient medical care.
- More efficient medical evaluation and management.
- Obtaining the expertise of a distant specialist.

Possible Risks:

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

- In rare cases, information transmitted may not be sufficient (e.g. poor resolution of images) to allow for appropriate medical decision making by the physician and or consultant(s).
- Depending on your condition or the possibility of technical problems, you may still need

face-to-face consultation.

- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment.
- In very rare instances, security protocols could fail, causing a breach of the privacy of personal medical information.
- If a clinical emergency were to arise, your privacy might need to be breached according to a personalized safety protocol that we will establish during your intake evaluation.

Special Risks Associated with Home Computers:

The Athletic Trainer at Tahquitz High School cannot control the security of the computer you choose to use for Telehealth communication or the location where you choose to use it. Even though a platform is secured over the internet, viruses, malware, spyware, and other programs can be installed on the computer itself without a user's knowledge and could be used to record the audio and video of a Telehealth session without your knowledge. Unencrypted or poorly encrypted wireless networks could also allow someone to intercept the audio and video being transmitted over the network. Therefore, we recommend that you only use a privately-owned personal computer with up to date antivirus software in a room of your own home that is conversationally private. You assume all risks of the Telehealth session being recorded, seen, and/or heard by unauthorized persons.

Medical Information and Records:

All laws concerning your access to medical records and copies of records still apply to Telehealth. Dissemination of any identifiable images or information from your appointments will not occur without your consent.

Confidentiality:

All existing confidentiality protections under Federal and California Laws apply to information used or disclosed during Telehealth sessions. It is your responsibility to ensure that the space you choose to use for the Telehealth sessions is private and secure.

Fees and Billing:

Appointments are free of charge to all Tahquitz High School student-athletes.

Rights:

You may withhold or withdraw your consent for the Telehealth services at any time before and/or during an appointment without it affecting your right to future care or treatment.

Telehealth Emergency Contacts:

These are the telephone numbers of your local emergency contacts, in the order that you would like them to be contacted if your child were in crisis (please include at least two trusted family members or close friends:

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Hospital with an emergency department near me: _____
Police precinct near me: _____

National Suicide Prevention Lifeline: 1-800-273-8255 and online chat available 24/7

Contact:

Questions, concerns, or to schedule an appointment, please contact Eric Saldana, MS, ATC.
esaldana@hemetusd.org

Acknowledgements and Signatures:

Please initial the following:

____ I agree to inform my provider if my child is in any location other than the address listed on my patient registration forms.

____ I agree to confirm that the emergency contacts listed above are aware of the fact that I have listed them and are willing to come to my location to assist my child if they were in a crisis.

____ I agree to have my telephone (at the number listed on my patient registration forms) with me during sessions so that my provider can call me if there is a technical breach or my child is separated from the computer during a session.

____ I acknowledge that if my child is facing, or may be facing an emergency situation that could result in harm to themselves or to another person, I am not to seek a Telehealth consultation. Instead, I agree to seek care for my child immediately through my own local health care practitioner, a hospital emergency department, or by calling 911.

Parent/Guardian Consent to the Use of Telehealth

By signing this form, I agree that I am willing to undertake the risks associated with Telehealth in order to take advantage of the convenience it offers. I understand that I can revoke my consent to Telehealth for my child at any time without affecting their right to future care or treatment, as long as I agree to bring my child to my provider's main office to meet with them in person.

I have read and understand the information provided above regarding Telehealth, have discussed it with my Healthcare Provider or such assistants as may be designated, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of Telehealth in my child's medical care.

I hereby authorize the Athletic Trainer at Tahquitz High School to use Telehealth in the course of the clinical assessment and/or treatment of my child.

Patient's name: _____

Parent/guardian's name: _____

Relationship to the patient: _____

Signature of patient or responsible party: _____

Date: _____

How to make a Telehealth appointment for your child:

Your Athletic Trainer has set up a link in order to make a Telehealth appointment. Please click on the link below or type it into your URL and it will send you directly to the Athletic Trainer's appointment calendar. Please be reminded that a parent/guardian has to be at the student athlete's first Telehealth appointment to give consent. If the parent/guardian is unable to be physically present, there is an option to connect all three parties at the initial appointment through doxy.me. After the appointment has been scheduled there will be an email confirmation and appointment reminder via email.

➤ <https://thstelehealth.appointlet.com>

Tahquitz Athletic Trainer will be available to provide services Monday-Friday from 11:00am-6:00pm. Any student athlete is able to make an appointment with the Athletic Trainer for anything that they would come to the Athletic Training Clinic on a "normal day" in order to help manage the services listed below. These services include but are not limited to:

1. Implement sport specific injury prevention strategies
2. Evaluations of Orthopedic injuries (Referral if needed)
3. Concussion Evaluation and Management
4. Nutritional Consultation
5. General Medical evaluation (Referral if needed)
6. Hydration Assessment
7. Biomechanical Analysis/Correction
8. Psychological/Mental Health Referral
9. First Aid Service
10. Strength Training Program set-up
11. Corrective exercise programs
12. Stretching Program set-up
13. Gait Training
14. Rehabilitation Programs
15. Recommendations for Activities of Daily Living
16. Ergonomic Assessment and Correction

If you have any further questions or concerns you may email me at esaldana@hemetUSD.org. Continue to stay safe.

Go Titans!

Eric Saldana, MS, ATC