



Auburn
Enlarged City School District



Harriet Tubman
Administration Building
Office of Student Services

**REQUEST TO USE, PASSIVE CONSENT, AND AGREEMENT REGARDING USE OF
TELEHEALTH**

During the 2020-2021 school year, the Auburn Enlarged City School District (the “District”) will utilize Telehealth to provide services to your child. Telehealth is defined as any service that is provided remotely that would typically be delivered in person (i.e. academic advising, career planning, individual counseling, small group sessions, speech therapy, occupational therapy, physical therapy, evaluations, etc.). Telehealth can be used only if you execute this Passive Consent and Agreement outlined below permitting us to provide services to your child in emergency and non-emergency situations.

I Understand the Following Regarding My Use of Telehealth with the District:

1. I understand and agree that Telehealth, if needed, includes the provision of counseling and other therapeutic services via telephone or interactive audio, video, data communications or email, including, but not limited to, the use of platforms such as Zoom or Google Meets.
2. I understand and agree that Telehealth sessions with my child are to be private and confidential, and that it is my obligation to ensure that there are no third parties present or able to view/listen to my child and the service provider during a Telehealth session, with the exception of a parent/guardian. The service provider must be informed at the outset of the meeting if any person other than the student is present.
3. I understand that District employees will work in confidential workspaces and will have the video feature turned on during the entire session when using a video-based platform.
4. I understand and agree that the video feature of my computer/device will remain on during any video-based Telehealth session with my child and that he/she will use headphones with a microphone during the session, if available.
5. I agree that neither my child nor I will record any Telehealth session.
6. I understand it is my right to revoke this Passive Consent in writing at any time and at my sole discretion.
7. I understand and agree that it is my responsibility to provide written notice to the District if I wish to withdraw this Passive Consent.
8. I understand the District will select the platform to be used for Telehealth sessions.
9. I understand that District employees will not record a Telehealth session unless I have been provided advance notice of the need to record a session and have consented to the recording.
10. I understand that the District will make every effort to create a confidential environment when using Telehealth. Despite these efforts, I understand that Telehealth poses privacy risks. These may include but are not limited to the possibility that the transmission of confidential information could be disrupted/distorted by technical failures, or intercepted/interrupted by unauthorized persons.



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I Consent to the Following Regarding Use of Telehealth:

Having considered the statements above, I authorize the District to utilize Telehealth through its selected platform and consent to the use of Telehealth by the District to provide advising, counseling and other therapeutic services to my child in emergency and non-emergency situations.

Revocation of Consent:

I understand that if I wish to revoke my consent at any time that I shall contact Camille Johnson, Assistant Superintendent for Student Services, in writing at camillejohnson@aecsd.education. If you have any questions or concerns, please feel free to call Mrs. Johnson at (315) 255-8801.