WAIVER AND INFORMED CONSENT

I have requested that my child be permitted to attend telehealth appointments during the school day, and will provide the school with a provider note to excuse my child's absence.

I understand that, while the school will provide a private space and a secure internet connection, ACPS cannot guarantee that my child's protected health information will be protected.

I understand that ACPS cannot guarantee that the platform being used by the Health Care Practitioner is supported by the school system's network.

I understand that due to the configuration of my child's school building, ACPS cannot guarantee sufficient Wi-Fi accessibility.

I understand that I am responsible for providing my child with a personal electronic device for accessing appointments.

I understand that it is my responsibility to develop a crisis plan with the provider to support my child in case of an emergency.

I understand that ACPS has not vetted my student's telehealth care provider and ACPS is not responsible for the treatment being provided to my student via telehealth appointments.

I understand that ACPS is not responsible for payment of any healthcare services received through telehealth appointments.

I understand that ACPS cannot compel my child to attend their telehealth appointments and that if telehealth appointments create disruption to the school, further telehealth appointments may be discontinued.

I understand that school staff may not be aware of recommendations of the telehealth providers for parent-initiated telehealth appointments. Exchanges of the student's protected information will require an ACPS release of information form signed by all parties.

_____ _____

Signature Date