



Allegan Area Educational Service Agency

Consent for Telehealth Services

I, _____, the parent/guardian of _____ (the “Student”), a student in _____ (the AAESA program or local district) who is under the age of 18 years or for whom I am legal guardian, acknowledge and voluntarily consent to all of the following:

1. In-person services to students are currently prohibited by Executive Orders 2020-35 and 2020-42, issued in response to the COVID-19 pandemic, which close school buildings for in-person instruction for the remainder of the 2019-2020 school year, unless restrictions on public gatherings and use of school buildings are lifted before the end of the 2019-2020 school year, and require Michigan citizens to stay at home except for purposes necessary to sustain life or health.
2. In lieu of in-person services, the District may provide telehealth services, including telemedicine, to the Student under Michigan’s Public Health Code.
3. These services may not be the same as in-person services because the Student will not be in the same room as the provider.
4. The Student’s participation in the scheduled session is voluntary.
5. The District and its employees and agents may provide treatment to the Student during the scheduled session.
6. The District and its employees and agents may disclose confidential information about the Student to the provider and may share and discuss confidential information during the session related to the Student’s education, health, or medical status.
7. I have the right to withdraw my consent for the use of telehealth services, including telemedicine, at any time without affecting the Student’s right to future care or treatment.
8. Despite reasonable safeguarding efforts by the District and its employees and agents, there may be interruptions in service, technical difficulties, or access by unauthorized persons during telehealth sessions.
9. Any photograph, video recording, or other documentation made of the Student during the provision of these services will be considered an “education record” of the Student, except for that information that constitutes a memory aid kept in the sole possession of the maker.

By signing below, I acknowledge that I have read and understand the above information and that this consent allows the District to provide telehealth services to the Student.

Parent/Guardian Name _____

Signature _____

Date _____