

Penn Highlands' School-Based Telemedicine Program

Penn Highlands is excited to be working with your School District to offer parents and students a new option for pediatric care. Through high-definition telemedicine video and communications equipment, the school nurse can connect with a Penn Highlands physician for evaluation. This will make healthcare for children more convenient and accessible, avoid delays in treatment, and enhance learning by decreasing absenteeism.

How does this program work?

With the parent's consent, a physician from Penn Highlands will perform an assessment alongside the school nurse. The school nurse will first evaluate the student in person. If the nurse determines the child could benefit from further evaluation, they will contact the parent to obtain verbal consent to proceed with a telemedicine visit and invite them to participate if available. The physician will complete an assessment of the student. The school nurse will assist the physician during the evaluation through the use of special equipment. The provider will have the ability to listen to heart and lungs with a digital stethoscope. The physician can closely examine the student's ears, throat, rash, or abrasions with high-definition cameras.

Upon completion of the evaluation, the physician will give instructions for follow-up care and submit an order to your pharmacy of choice for prescription medications, if needed. A record of your child's visit will be kept in their medical record at Penn Highlands for future reference.

Who is eligible?

All students in your School District are eligible to enroll in the school-based telemedicine program.

What are examples of conditions that could be evaluated?

- Earaches
- Fever
- Coughs and colds
- Rashes and minor skin infections
- Abrasions and scrapes
- Strep throat and Influenza
- Headaches
- Pinkeye

There are medical needs that will require an in-person evaluation by a medical provider. You may be asked to schedule an appointment with your child's primary care physician directly if evaluation by telemedicine isn't sufficient for diagnosis.

How do I enroll my child in this program?

The first and most important step is to complete the required informational and consent forms to enroll your child in the school-based telemedicine program. Forms must be filled out for each student that attends school. Completed paper forms should be given to the school nurse.

What is the cost?

There is no cost to enroll in this program. If your child has a visit, Penn Highlands will bill your insurance and any required co-pay amounts after the visit.

When will health services be available?

Medical services will be provided during the school day with the exception of school closures.

How will I know if my child has a telemedicine visit?

When a student presents to the school nurse's office, the nurse will assess the student's condition and contact the parent or legal guardian to discuss if it is appropriate to have a telemedicine visit. For a telemedicine visit to take place, the required forms should have already been completed and on file at the nurse's office. Parents/guardian will also give verbal consent to the nurse to proceed with a telemedicine visit.

Does a parent/guardian have to be present for the telemedicine visit?

Parents are welcome and encouraged to attend virtually but it is not required. Parents that are able and want to participate will be sent a link to join the video visit.

Will my child still be seen by the school nurse if I choose not to participate in the program?

Yes, if you choose NOT to sign your child up for the School-based telemedicine program, they will continue to receive all school nursing services currently being provided at your child's school.

Please return the following documentation to your school nurse or complete electronically:

1. Telemedicine Consent and Acknowledgements – Authorizes a Penn Highlands' Provider to evaluate and treat your child by telemedicine.
2. Registration Form – Demographic and insurance information for your child.
3. Notice of Privacy Practices – Link to Penn Highlands' Privacy Practices for parent/guardian to keep. *Do not need to return.*

1. Telemedicine Consent and Acknowledgements

By signing this form, I understand the following:

1. I understand that the laws that protect privacy and confidentiality of medical information also apply to telemedicine, and that no information obtained in the use of telemedicine which identifies me or my child will be disclosed to researchers or other entities without my consent.
2. I understand that I have the right to withdraw my consent to the use of telemedicine in the course of my child's visit at any time without affecting their right to future care or treatment.
3. I also understand that if the provider believes my child would be better serviced by a traditional face-to-face encounter, they may, at any time stop the telemedicine visit and recommend a face-to-face visit.
4. I understand that I may expect the anticipated benefits from the use of telemedicine in my child's care, but that no results can be guaranteed or assured.

Patient/Guardian Consent to the Use of Telemedicine:

I have read and understand the information provided above regarding telemedicine, and my questions have been answered to my satisfaction. I hereby give my informed consent to the use of telemedicine in my child's care.

Promissory Note and Authorization to Pay:

I authorize Penn Highlands Healthcare to release information to insurance carriers concerning my child's illness and treatments for the purpose of payment. I accept all payments for medical services rendered my child. I understand I am responsible for any amount not covered by my insurance including co-pays, deductibles, and non-covered services.

Patient Rights and Responsibilities:

I further acknowledge I have received a copy of Penn Highlands Healthcare's Notice of Privacy Practices.

I hereby authorize Penn Highlands Healthcare to use telemedicine in the course of my child's diagnosis and treatment.

Student Name: _____

Date of Birth (MM/DD/YYYY): _____

Signature of Parent/Guardian: _____

Printed Parent/Guardian Name: _____

Relationship to patient: _____ Date: _____

Signature of Patient (18-year old or emancipated minor): _____

Date: _____

2. Registration Form

Patient Information

Child's Name: Last Name: _____ First Name: _____ MI: _____

Date of Birth (MM/DD/YYYY) _____ Age: _____ Sex: Male Female

Child's Address:

Preferred Pharmacy: _____ Pharmacy Phone No: _____

Student Grade: _____

Parent/Guardian Information:

Name of Mother: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Mother's Email Address: _____

Name of Father: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Father's Email Address: _____

Name of Other Guardian: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Other Guardian's Email Address: _____

Best Emergency Contact (if the above can't be reached): _____

Relationship to child: _____ Phone: _____

Insurance Information: I hereby give my permission for Penn Highlands Healthcare to bill my insurance as follows:

Primary Insurance Information

Insurance Name: _____

Insurance Address: _____

Insurance Phone: _____

Policy Holder Name: _____

Policy Holder's Relationship to Child: _____

Policy Holder Date of Birth (MM/DD/YYYY): _____

Insurance ID: _____

Group Number: _____

Secondary Insurance Information

Insurance Name: _____

Insurance Address: _____

Insurance Phone: _____

Policy Holder Name: _____

Policy Holder's Relationship to Child: _____

Policy Holder Date of Birth (MM/DD/YYYY): _____

Insurance ID: _____

Group Number: _____

In signing this form, I am stating that the following information that I have provided is accurate and up-to-date.

Parent Signature: _____

Date: _____

3. Notice of Privacy Practices

A copy of Penn Highlands Notice of Privacy Practices can be found at the below website.

<https://www.phhealthcare.org/patients-visitors/notice-of-privacy-practices>