



Dear Parent(s):

Hart County School District is excited to announce an affiliation with the medical practice of Dr. Virag Pandeya and Graves Gilbert Clinic. This new telemedicine program will allow providers within this medical practice to see and talk to your child and school medical personnel by means of live video conferencing. You may also join your child and medical personnel at the school if you wish. The program is designed to allow availability of primary medical services to your child. This partnership offers quick and easy access to medical care, minimizing exposure to other illnesses, while decreasing student absenteeism and work time lost for parents.

The telemedicine consultation does not replace your child's primary care provider or specialist. The program is being offered to expand student healthcare options while increasing student attendance and fostering academic success.

Graves Gilbert Clinic will be able to directly bill your insurance carrier for telehealth services rendered by a licensed provider when appropriate. You will be responsible for any prescriptions that may be required and any follow-up care from other providers.

How the PARTNERSHIP will work....

- Medical personnel will be physically present in all six (6) of the Hart County Schools. Off-site telehealth services will be provided by Dr. Virag Pandeya and his team of nurse practitioners. Services will be available through the school nursing office during regular school hours.
- School nurses will continue to provide basic first-aid and over-the-counter medications (with signed school district permission forms) to all students.
- If a child needs care beyond basic first aid, the parent or guardian will be contacted with the option of treatment by a provider from Dr. Virag Pandeya's medical team. Typical telehealth visits may include, but is not limited to, the evaluation of common cold symptoms, temperatures of short duration, urinary symptoms, bug bites and stings.
- Using interactive computer programs, an off-site provider can talk face-to-face with your child and school medical personnel. The provider will then direct the assessment of your child. This may include laboratory testing.
- If you would like to participate in the teleconference, you may join via a teleconferencing link or will be able to come to the school and be present with your child. If you're unable to participate, you may request a clinic summary of your child's visit.
- Following the telehealth visit, the provider may send prescriptions to your preferred pharmacy and you will be notified by school medical personnel
- If your child requires hands on care, or this is an emergency, your child may need to go directly for treatment elsewhere. You will be notified immediately if this is the case.

## HOW DO I CONSENT TO TREATMENT....

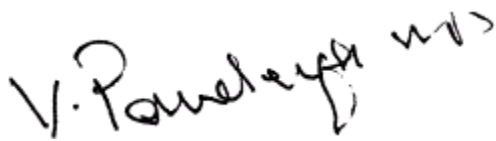
The school medical personnel can evaluate your child and determine if they would benefit from a telehealth visit with an off-site provider. Before your child can be assessed by a provider, your consent is required. In order to assist in the evaluation of your child, please complete the attached consent form and medical questionnaire and return both to the school office if you wish to participate.

If you do not wish for your child to participate in the telehealth program, your child can still see school medical personnel for basic first aid. If you decide later that you would like to participate in the telehealth program, forms can be obtained from the school for completion prior to a visit taking place.

## LOOKING FORWARD TO A HEALTHY SCHOOL YEAR.....

Dr. Pandeya and his team are pleased to offer this benefit to Hart County students and their parents. We hope you find the expanding service to be beneficial while enhancing your child's educational opportunity.

Sincerely,

A handwritten signature in black ink that reads "V. Pandeya MD". The signature is written in a cursive style and is positioned above the printed name.

Virag Pandeya, MD

## ATTACHMENTS:

- New Patient Information Questionnaire
- Consent for Telemedicine Consultation
- Notice of Privacy Practices



Students Legal Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Pediatrician or Family Doctor: \_\_\_\_\_

Preferred Pharmacy: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Subscribers Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Subscribers Address: \_\_\_\_\_

**Past Medical History:**

1. Past Medical Problems and surgeries:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Current Medications: Name and Dosage (Please note any changes since school enrollments)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Food and Drug Allergies:



**Family History:**

Are biological parents in good health? Yes No Illnesses: \_\_\_\_\_

Check any of the following that parents, grandparents, siblings, aunts, uncles, or cousins may have had:

- Asthma
- Childhood cancers
- Heart Attack less than 35
- High Cholesterol
- Sickle Cell Disease/Trait
- Other: \_\_\_\_\_

Please list any other individuals who you give permission for us to communicate with about your child's medical condition.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact #: \_\_\_\_\_ Expire Date: \_\_\_\_\_

If you would like to use a code word, we will ask the person listed above before we provide information to them regarding your child. Your code word: \_\_\_\_\_

Your child's school will attempt to contact you prior to any telehealth visit taking place, however, with your signed consent a telehealth provider will evaluate your child. If you are unable to attend the visit, you may request a clinical summary of the visit.

Parent/Legal Representative Printed Name: \_\_\_\_\_

Parent/Legal Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Relation: \_\_\_\_\_

CONSENT VALID FOR SCHOOL YEAR 2019-2020



Virag Pandeya, MD



## CONSENT FOR SCHOOL BASED TELEHEALTH CONSULTATION AGREEMENT FOR TREATMENT

I request and consent to having my child \_\_\_\_\_ examined and evaluated by medical providers affiliated with Graves Gilbert Clinic by means of interactive/video. This telemedicine consultation may be used to help diagnose, manage, or treat my child.

In addition, I understand and agree to the following:

- The consulting health care provider or specialist *will be* at a different location from my child. The school nurse or other qualified practitioners will be present with the child in the room to assist in the examination and evaluation. I may attend electronically or in person as well if I provide information allowing me to be reached in a timely manner.
- Additional technical personnel may be present during the consultation as needed to operate the telemedicine equipment.
- This telemedicine consultation program is not replacement for my child's primary or specialty care, and is being provided to enhance the school based health service
- The results of the examination will become a part of the child's medical record, which could include video and/or audio recording of the session as deemed appropriate by the consulting provider or specialist. The consulting provider or specialist will send the results of the teleconferenced visit to your child's primary care provider.
- The consulting provider or specialist may recommend additional tests and treatment, and it is my responsibility to follow-up on such recommendations.
- Although the equipment and resources are designed to protect patient confidentiality and to provide accurate and timely transmissions, the risk remains for technical difficulties, interruptions, and unauthorized access.
- Your child's school and Graves Gilbert Clinic will attempt to reach you before the telemedicine visit takes place, however, in the event we are unable to contact you, you give your permission for the telemedicine visit to take place, and Graves Gilbert Clinic will send you a summary of the visit and recommendations that were made.
- Telehealth consultations may be billed to my insurance when appropriate. I authorize direct payment to the clinic the benefits provided under any health care plan or medical expensed policy due to me or payable by the plan. I further authorize the clinic to release any information required by any third party payer regarding any claim for payment.

Please indicate whether you want to be notified of a telemedicine visit before it happens.

\_\_\_ YES \_\_\_ NO Contact Number: \_\_\_\_\_

I have received a copy of Graves Gilbert Clinic's Notice of Privacy Practices.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Legal Guardian Printed Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Relation: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

CONSENT VALID FOR SCHOOL YEAR 2019-2020