



HARFORD COUNTY PUBLIC SCHOOLS

TELEHEALTH POLICY AND REQUEST FORM

Dear Parent/Guardian,

Harford County Public Schools is committed to supporting the health and well-being of all students. We understand that students may require access to healthcare services during the school day. To support this need, HCPS has developed a new procedure for our middle school and high school students to access telehealth appointments during school hours.

Please review the following summary of the Telehealth Access Guidelines.

Purpose

The purpose is to establish clear guidelines and expectations for allowing students access to telehealth appointments during the school day, while ensuring minimal disruption to academic learning and preserving student confidentiality.

Definitions

Telehealth Appointment: A healthcare service provided via telecommunications technology between a healthcare practitioner and a student who are in separate locations.

Health Care Practitioner: A licensed or certified professional operating within the scope of state laws.

Personal Electronic Device: Any privately-owned device (e.g., laptop, tablet, cell phone) not issued by HCPS.

General Guidelines

- Middle and high school students may attend telehealth appointments during the school day if all conditions are met.
- Parent/guardian presence (in-person or virtual) is required during the appointment.
- School staff are not responsible for monitoring the student during or after the appointment.
- A confidential, ADA-compliant space will be provided by the school for the appointment.
- Students must return to class immediately following the session, unless further support is needed.
- Access to telehealth appointments may be limited or revoked if the student becomes distressed, disruptive, or unable to return to class.
- Students will not be marked absent during appointments. Make-up work will be provided upon request.

Making Appointments

- Parents/guardians must complete and submit a Request Form to their child's school at least 30 calendar days in advance.
- Request Forms can be submitted via email or in person to the designated school administrator.
- Approval is at the discretion of the school's principal or designee and will depend on space availability, frequency of appointments, and potential academic impact.
- Upon approval, the student/parent will receive guest Wi-Fi access.

Parent/Guardian Responsibilities

- Submit the Request Form at least 30 calendar days in advance.
- Provide a personal electronic device for the telehealth session.
- Be present virtually or in-person throughout the appointment.
- Notify school staff if the appointment is cancelled.
- Ensure the student does not attend the appointment if the parent/guardian is unavailable.
- Inform the healthcare provider of the requirement for parent/guardian presence.

Student Responsibilities

- Follow school procedures to obtain a hall pass for the appointment location.
- Use only their personal electronic device and follow all HCPS Portable Communication Device Policies before and after the appointment.
- Return to class after the session.

Privacy and Confidentiality

All telehealth sessions will adhere to privacy laws, including FERPA and HIPAA, ensuring the confidentiality of your child's health and educational information.

HCPS believes that these procedures will provide students with safe, appropriate access to necessary healthcare while maintaining the integrity of the learning environment. If you have any questions or need support with the Request Form, please contact your child's school administrator.

Thank you for your continued partnership.



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TELEHEALTH SERVICES ACCESS AND CONSENT FORM

Student Information

Student Last Name: _____ Student First Name: _____

Date of Birth: _____ School: _____ Student ID: _____

Grade: _____

Parent/Guardian Information

Last Name: _____ First Name: _____

Relationship to Student: _____ Phone Number: _____

Email Address: _____

Appointment Information

Date of Appointment: _____ Time of Appointment: _____

Practitioner's Name: _____

Practitioner's Contact Information: _____

Signatures

I have read and agree to comply with the student telehealth access procedure, and I give permission for my child, _____, to attend an appointment with _____
on the date and time listed above. *Practitioner's Name*

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

☐ Approve

☐ Deny

Principal/Designee Signature: _____ Date: _____