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Telehealth Consent Form – Tri-County RVTHS

During this unprecedented, extended school closure due to the COVID-19 outbreak, the Massachusetts Department of Elementary and Secondary Education and the United States Department of Education have encouraged public schools to use remote options for continuing to meet the needs of students. In response, Tri-County RVTHS has decided to implement a telehealth option for school district employed counselors to provide ongoing service to students. This is different than an in-person session but it allows for some face-to-face contact via a technology session. Counselors will utilize Doxy.me as the platform. Doxy.me does not require the download of any software or for users to create an account. Students will only need a browser on a computer or device with a camera and microphone. All data is encrypted, sessions are anonymous and none of a student's information is stored on this platform. Doxy.me adheres to HIPAA data privacy requirements. Parents can learn more about Doxy.me by visiting their website at <https://doxy.me/>.

By signing this consent form, I acknowledge the following:

I have read this document in its entirety; I understand the parameters of telehealth service provided by Doxy.me; I consent to TriCounty RVTHS sharing student information with Doxy.me for purposes of district provided counseling; and I agree to the appropriate use of Doxy.me, according to the following guidelines:

1. Both the student and the counselor must be in a private location for these telehealth sessions to occur. This private location should not be a student's bedroom. If this is the only location that assures confidentiality, this should be discussed with the counselor in advance to assess appropriateness. In this case, students must be dressed and sitting in a chair, not their bed.
2. All parties will be dressed as if they typically would be for an in-person counseling session; and once the session begins, the camera should only show both participants from the shoulders up.
3. For any student under the age of 18, a parent or guardian must be present at the start of each session to give consent for the session to begin. Parents of students under the age of 14 must remain in the home for the duration of the session and be accessible if needed.
4. There are potential risks for this use of technology which include service interruptions, unauthorized use by a third party and technical difficulties. Should a session get interrupted, a counselor can call a student on their cell phone.

(Student cell phone number)

5. Students should plan to log in to a scheduled session 5 minutes before its start time to ensure that the technology is working. There is a virtual waiting room that signals to your counselor that you are in the cue for your appointment. Students will be informed of their appointment times via ItsLearning messaging.

6. The ethical mandates which apply to counseling and confidentiality in a school setting continue to apply in these telehealth sessions. Students are assured that their conversations will remain private unless they have identified risk of harm to themselves or others. If a concern arises regarding the imminent well-being of a student due to thoughts of self-harm, the counselor will immediately refer the family to a crisis intervention center. Counselors are limited in a telehealth format in their ability to assess a student's safety. As such, parents assume the responsibility of follow-up care with a crisis provider by calling 911 or utilizing the area crisis teams for this safety assessment. In the event of an emergency when a parent/guardian cannot be reached, counselors must have the name and phone number of an emergency contact person.

(Emergency contact: Name and Number)

7. Neither the counselor nor the student/family can record any part of these telehealth sessions.
8. Telehealth services can be discontinued by a clinician at any time if these guidelines are not adhered to. In this situation parents/guardians will be informed. Similarly, you have the right to refuse or discontinue telehealth services.

The signatures below indicate that I have reviewed this telehealth consent form in its entirety and understand and agree to the guidelines outlined for the use of telehealth services.

Signature of Counselor: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

Signature of Student: _____

Date: _____